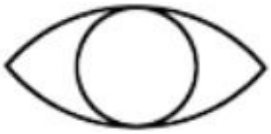
Francesco Puerari

# The Basics of Iridology
3
# Markings



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Bibliography

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# About the author

Francesco Puerari MD has worked in an Italian General Hospital's Anaesthesia and Intensive Care Unit for 34 years. He has earned at the University of Pavia several postgraduate specializations (Anaesthesia and Intensive Care, Dietetics and Nutrition, Medical Toxicology, Neurology). All along his professional life, he has also attended complementary medicine resources (Iridology and Homeopathy).

# Work plan

This is the third of three books on Iridology. Is a reasoned atlas of iris images. Current medical practice can profit from the analysis of the iris. Together with a correct patient examination according to the standards of official medicine, iris analysis adds data that can help achieve a more complete clinical evaluation. The first part of the book provides a classification and description of morphological patterns (markings) occurring in iris, pupil and sclera. In the second part, markings are associated to an iris chart where each organ is related to a sector of the iris. Finally, the book provides examples from clinical practice based on the notions presented in this manual and in the previous two books ("Iris Patterns" and "Maps"). The examples have been chosen with the aim of suggesting a method for iris analysis both rigorous and flexible, in accordance with the principles of medical practice.

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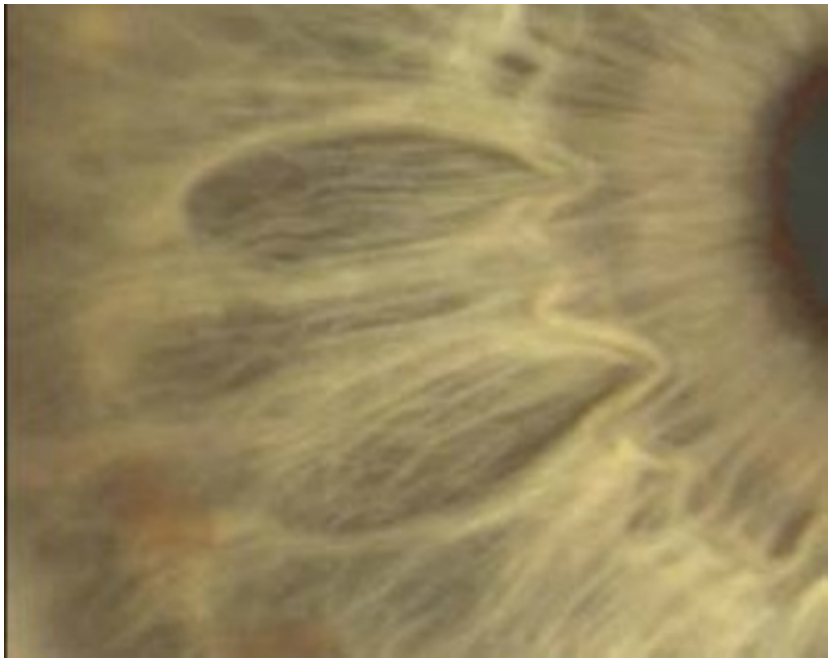


The iris is easy to examine. No aggressive procedures are required but simple ophthalmic instruments.

## *Iridology a definition*

Iridology studies the coloured part of the eye named iris. The iris is a highly innervated organ which is stimulated by the external environment as well as by the body. The structure of the iris mirrors the individual constitution; illnesses, harmful habits and aging can alter it. The iris analysis completes medical practice by supplying data on constitution, nervous response, damages caused by aging, illnesses and familiarity. Iridology is a discipline that enriches official investigations. It collects signs. It does not provide diagnosis. This book is an information source only. It does not provide advice for self prescriptions and treatment.

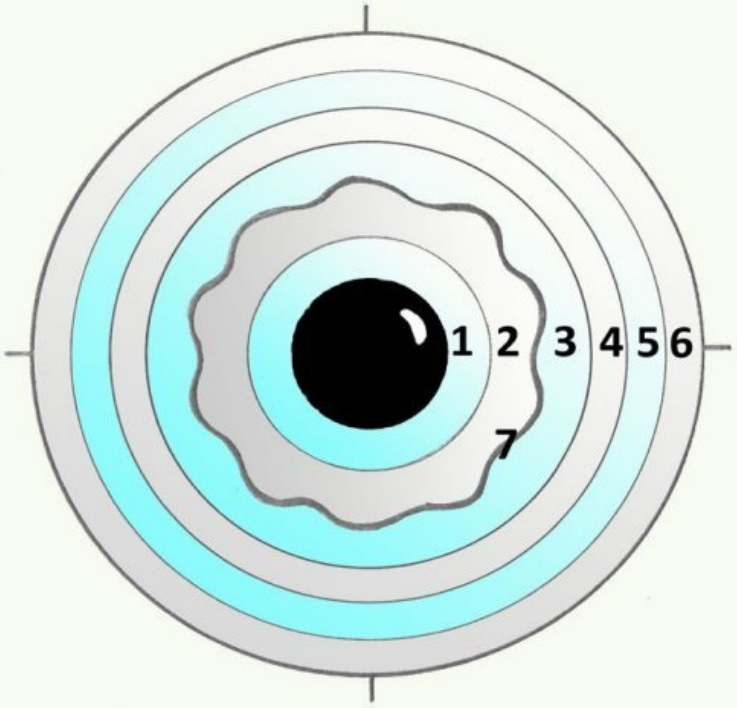
# Mapping

A subdivision of the iris into rings and sectors will be used to locate iris signs. Circular subdivision and sectorial subdivision: the iris subdivision in concentric circles (circular map) or in radial sectors (sectorial map), simplifies iris analysis and allows for a correct localization of the points of interest.

Circular map. The circular subdivision divides the iris into six concentric circles which coincide with as many areas and functions of the human body.

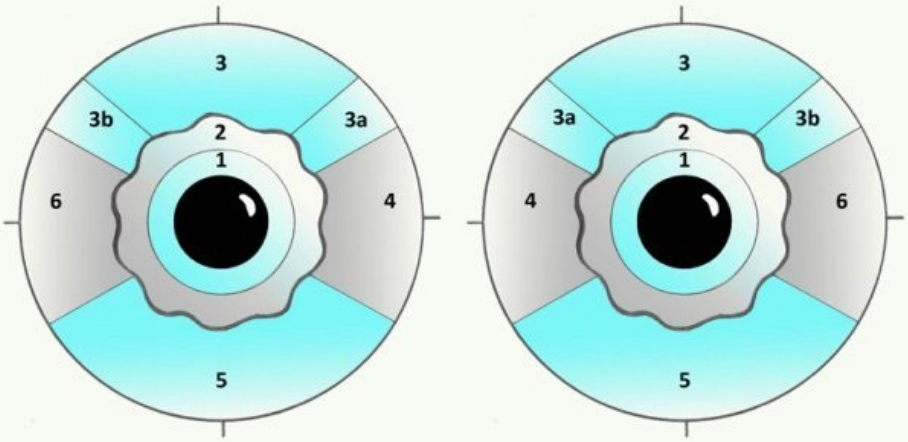
Sectorial map. The eight sectors of the sectorial subdivision coincide with the major apparatuses. The subdivision of the iris into sectors and concentric circles is the method applied in this text book.

## CIRCULAR MAP




| | |
|---|---|
| 1 | Stomach area |
| 2 | Intestine area |
| 3 | Glandular area |
| 4+5 | Organs area |
| 6 | Tegumentary area<br>*neuro-splanchnic-cutaneous ring*<br>*(Ratti, Santorelli)* |
| 7 | Nerve edge<br>*autonomic nerve edge* |

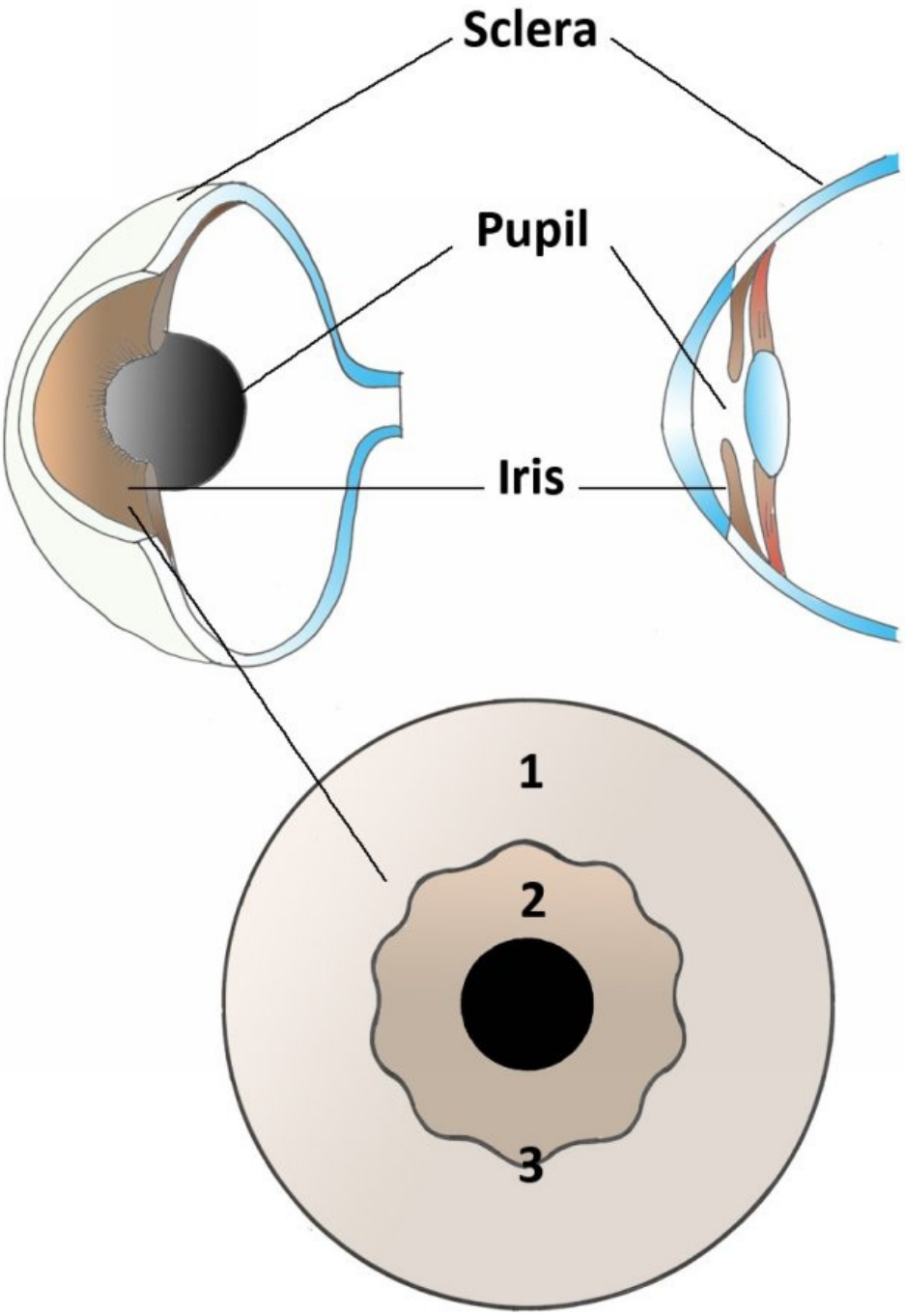
# SECTORIAL MAP




| | |
|---|---|
| 1 | Stomach area |
| 2 | Intestine area |
| 3 | Frontal Sector |
| 3 a | Frontal (Orbital) Sector |
| 3 b | Frontal (Auditory) Sector |
| 4 | Internal (Nasal) Sector |
| 5 | Visceral Sector |
| 6 | External (Temporal) Sector |

# Basic Terminology

Basic iridological terms referring to the most important iris areas: inner pupillary border, collarette, nerve edge, ciliary body, sclera. Inner Pupillary Border. The pupil’s border is constituted by the final offshoots of the posterior ocular chamber’s coating. It is a dark-colored granular tissue called inner pupillary border. Collarette. First portion of the iris around the pupil. It is a circular band delimited by an uneven edge. It corresponds to about a third of the iris area. Nerve edge. Autonomic nerve edge. Uneven edge circumscribing the collarette. It is also called autonomic-cord or neurovegetative ring. Ciliary body. The area surrounding the collarette that corresponds to the remaining two thirds of the iris is called ciliary body. Sclera. Also known as white of the eyes, it is the connective tissue coat of the ocular globe.




1) Ciliary body
2) Collarette
3) Autonomic nerve wreath

# Main Morphologies

IRIS COLOR. The main characteristic of the iris is its color. Therefore, the first classification used in iridology is color-based. Irises are divided into three groups called constitutions: dark irises (hematogenic constitution), clear irises (lymphatic constitution), mixed irises (biliary constitution).

IRIS TEXTURE. Iris color is spread over a texture constituted by radial fibers. Irises can have a different appearance according to fiber dimensions, fiber thinning and fiber direction or waving. According to the appearance of fiber texture irises are classified into five main categories (types): connectival (large thinned-out areas of fiber texture with the shape of lacunae), glandular (small lacunae distributed around the collarette), neurogenic (bright, thin, straight fibers radiating in a regular pattern), tubercular (bright and wavy irregular fibers), spasmodic (texture interrupted by circular or radial furrows).

PIGMENTATION. Irises can be impregnated by pigments, spots and patches which can appear during lifetime or be inherited at birth.

SCLERAL CAPILLARIES. Scleral capillaries are generally not visible. The presence of visible vessels with various features can be a useful source of information.

THE FIVE DIATHESES. Pigments impregnating the iris and the presence of inflammatory capillaries in the sclera, identify other five major iris categories called diatheses. Exudative (bright-colored aggregations similar to cotton flakes called tophi distributed around the outer rings or in the ciliary body). Uric (bright yellow or orange tophi distributed around the outer rings or in all ciliary body). Dyscratic (layers of pigments covering the iris, sometimes aggregating in raised patches). Lipemic (milkish translucent impregnations of the outer rings, sometimes calcified ones). Allergic (network of inflammatory capillaries in sclera' lateral sectors).

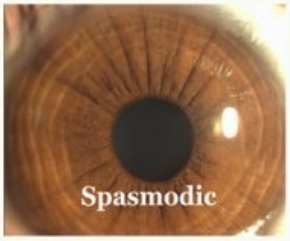
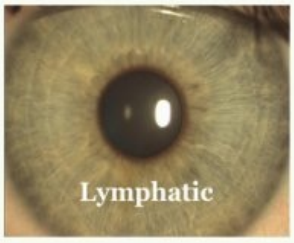
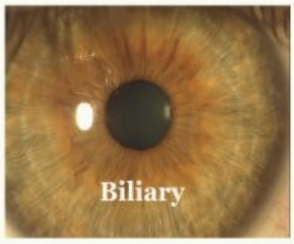
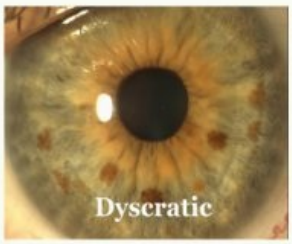
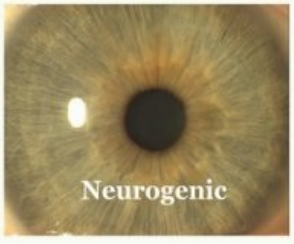
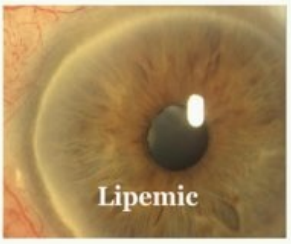
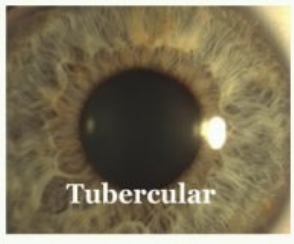
# Constitutions

**Hematogenic**

**Limphatic**

**Biliary**

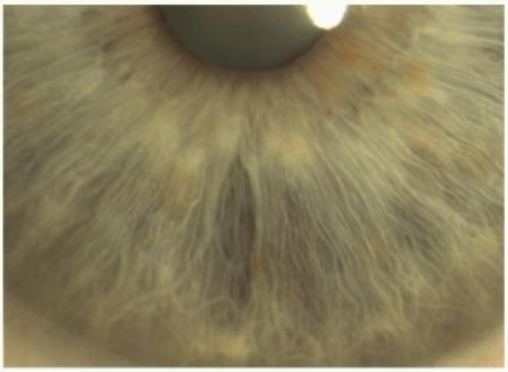
# IRIS PATTERNS

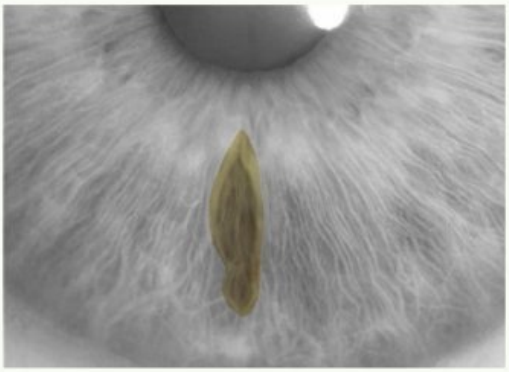
| Three constitutions | Five types | Five diathesys |
| --- | --- | --- |
| Hematogenic |  Spasmodic | Exudative |
|  Lymphatic | Glandular | Uric |
|  Biliary | Connectival |  Dyscratic |
| |  Neurogenic |  Lipemic |
| |  Tubercular | Allergic |

# Main Markings

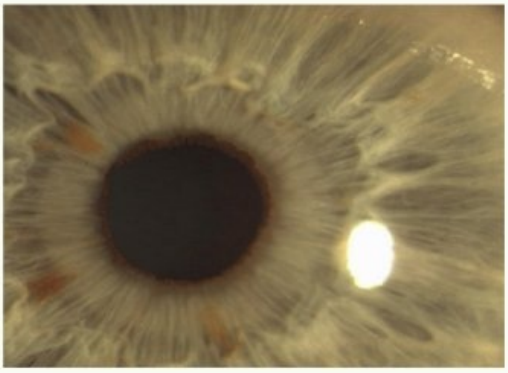
Markings of various kinds can be present in the iris at the same time. Before analysing them in detail, it is worth to provide a short description of the main iridological markings

# Lacuna. Bright fibers



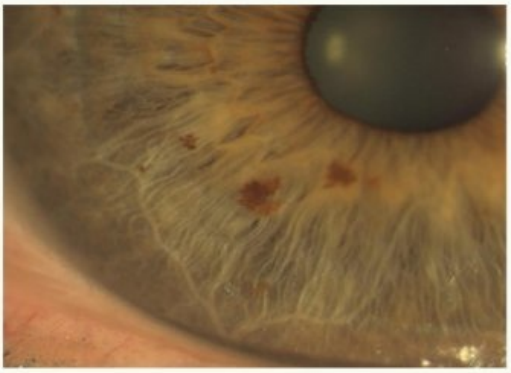


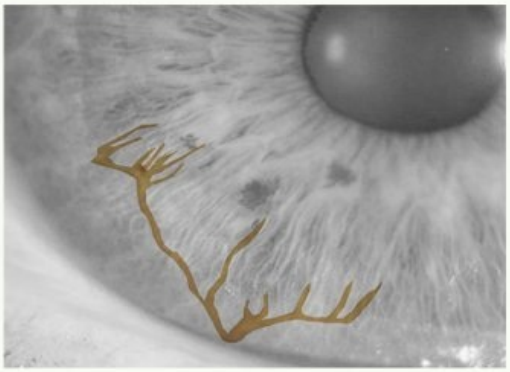
**Lacuna.** Oval or lozange shaped area without fibers or with very sparse ones.
Thickened fibers on margins.



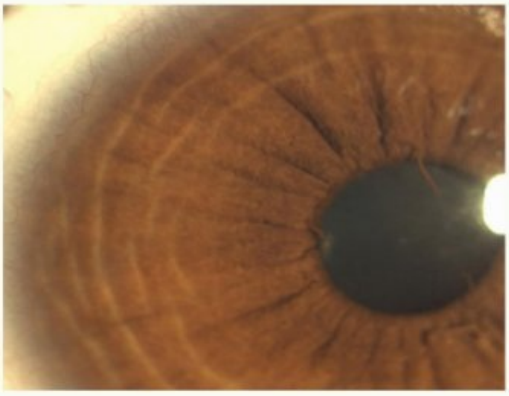
**Bright fibers.** White fibers.
Texture lightening.

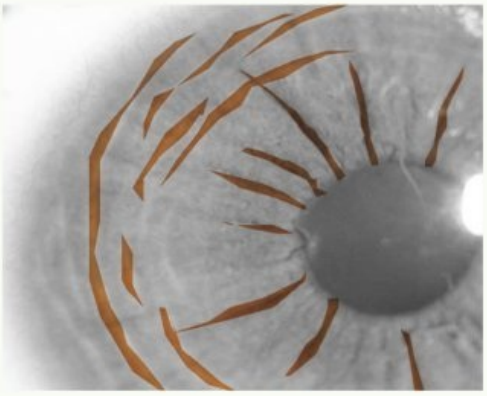
# Markings (Basic choice)





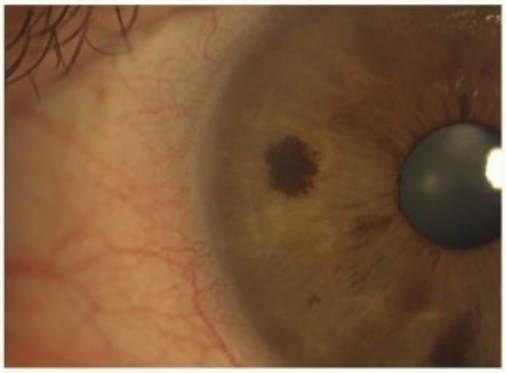
**Transversal fibers.** Fibers not following the radial pattern of texture.

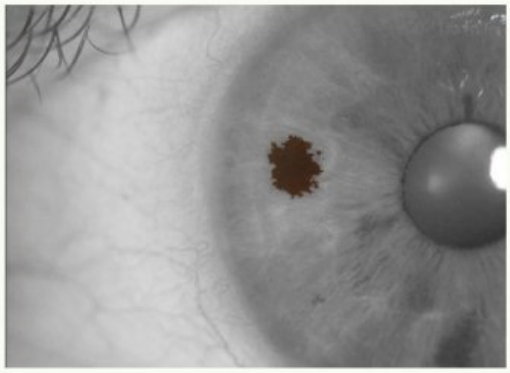




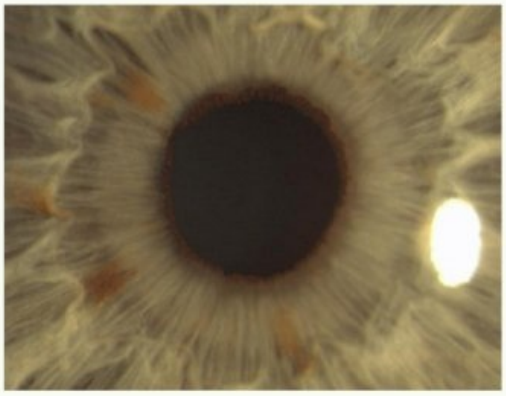
**Radial furrows, fissured arcs.** Variable length and depth.

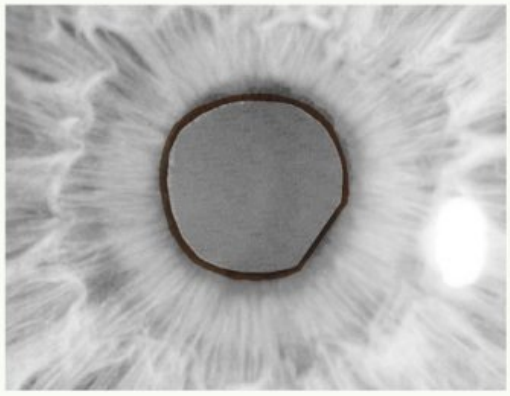
# Pigments. Pupillary flattening





**Pigments.** Iris spots that can take various shapes and colors.





**Pupillary flattening**. Straightened segment of pupillary edge with loss of roundness.

# Iris Analysis

First of all, it is necessary to assess the patient’s health according to the current medical practice: anamnesis, direct examination, lab tests and other medical reports. On the basis of this first step, iris analysis is carried out in seven other steps:
Pupil’s dilation. This first step provides information on the autonomic nervous system and the effects of drugs on the pupil.
The basic color of the iris. Three constitutions: hematogenic, lymphatic, biliary.
Patient's morphology. Five morphological types: spasmodic, glandular, connectival, neurogenic, tubercular.
Damages of time (inherited dispositions, diseases, bad habits, aging). Five categories called diatheses: cholesterinic or lipemic, exudative, uric, dyscratic, allergic.
Iris markings (irregularities, pigmentations, texture disruptions)
Pupil markings
Sclera markings
The first four steps have been described in the first two text-books (patterns and maps) and will be taken up in the next chapters in synoptic data sheets. This e-book will be focused on the fifth, sixth and seventh steps: description and interpretation of iris, pupil and sclera markings.

# Iris, Pupil and Sclera

The anatomical sources on which iridology relies are three: the iris surface, the pupil and the sclera. Each of these structures provides information which integrates a patient’s examination.
The most important markings can be grouped into five main categories: anomalies in iris texture, spasmodic texture, anomalies in iris colour, pupil anomalies, sclera anomalies.

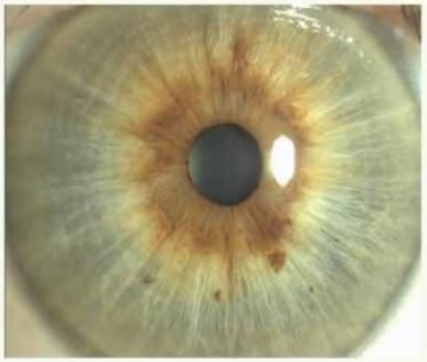
*Anomalies in iris texture:*
*Modified fibers lacunae, crypts, defects*
*Spasmodic texture: contraction, arcs, radial furrows*
*Anomalies in iris color:*
*Pigments, tophi, patches, plaques*
*Pupil anomalies: pupil flattening, oval-shaped pupil, pupil decentration*

*Sclera anomalies: deposits, vascular irregularities, pigments*

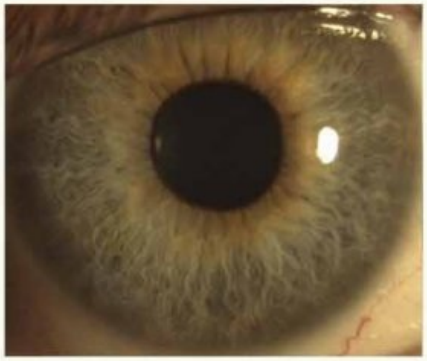
# Fibers

Fibers are the surface radial structure of the stroma. They issue from the outer pupillary border, are interrupted by the autonomic nerve edge and reach the edge of the ciliary border. Normal fibers spread radially and are tight together with no overlapping. According to their diameter, they are called velvet, silk, linen or hemp-like fibers. An enlarged diameter is associated with an increased thinning of fiber texture. The five iris types (neurogenic, tubercular, connectival, glandular, spasmodic) are determined by the kind of fibers which form the iris texture.

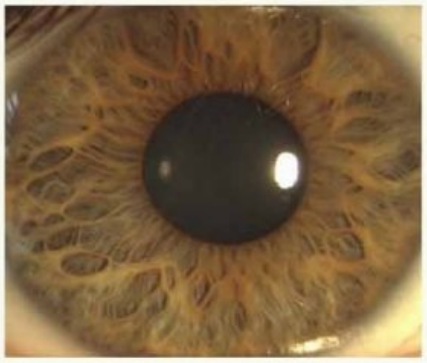
**Velvet**



**Silk**

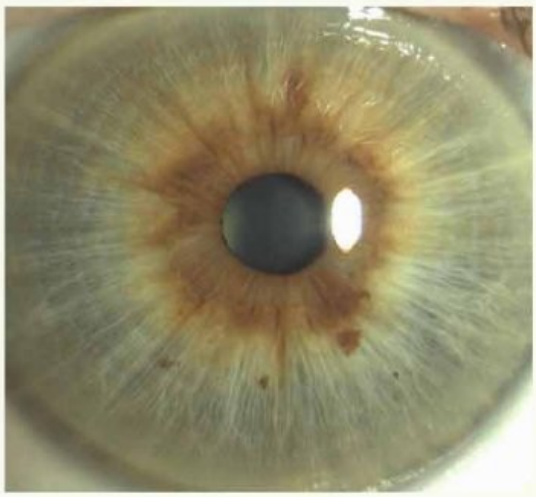


**Linen**



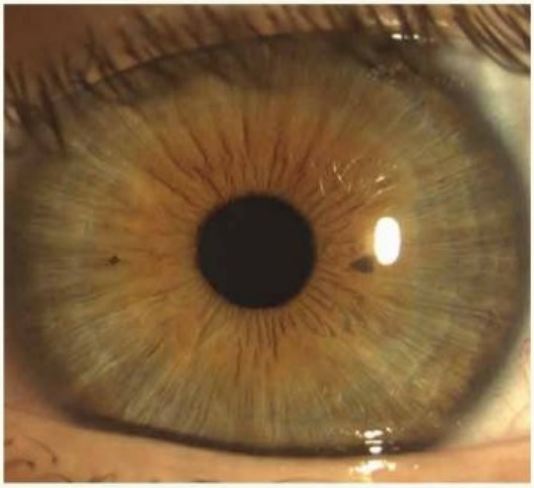
**Hemp**

# Neurogenic irises



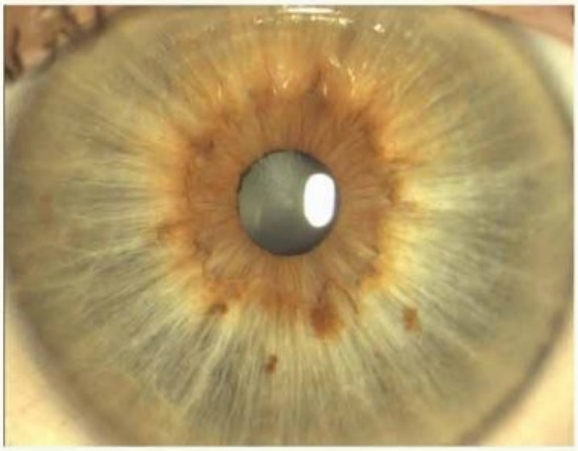
**Straight and compact fibers.**

**Neurogenic type in lymphatic iris.**



**Straight and compact fibers.**

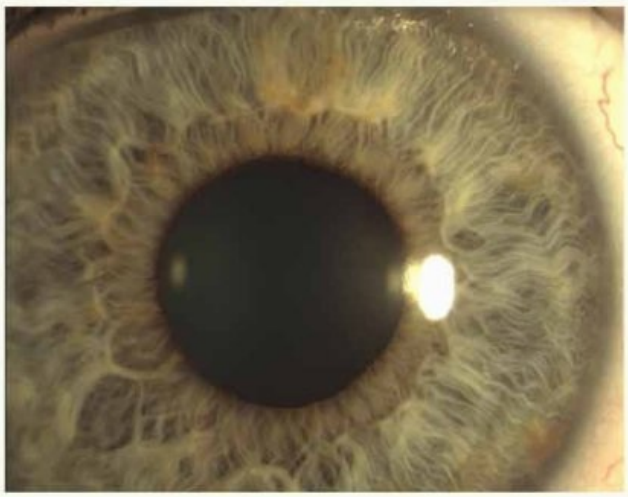
**Neurogenic type in biliary iris.**



**Straight and compact fibers.**

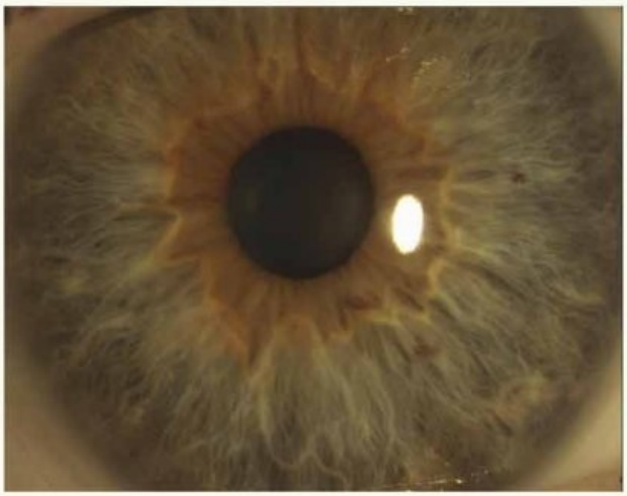
**Neurogenic type in lymphatic iris.**

# Tubercolar irises



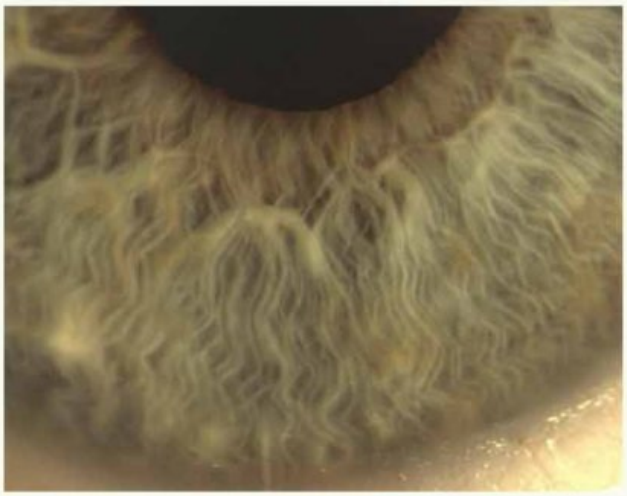
**Wavy irregular fibers with thinned-out areas.**

**Tubercular type in lymphatic iris.**



**Wavy irregular fibers with bright impregnations.**

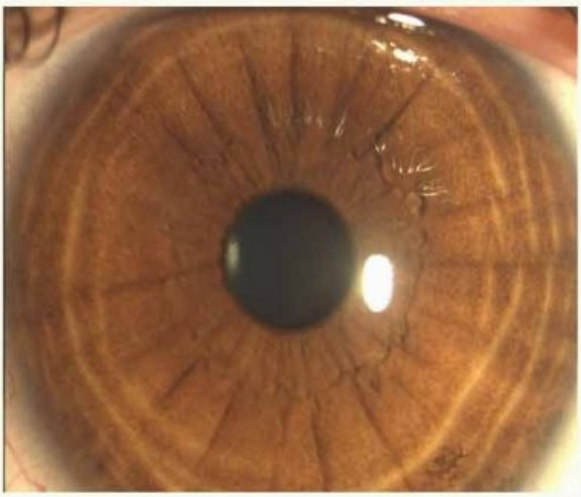
**Tubercular type in limphatic iris.**



**Wavy irregular fibers with bright impregnations and thinned-out areas.**

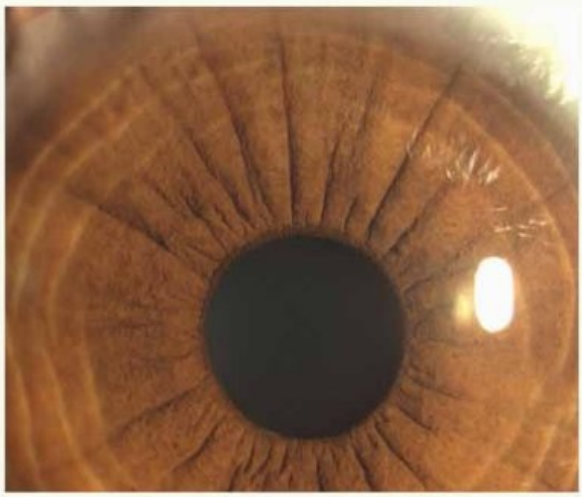
**Tubercular type in limphatic iris.**

# Spasmodic irises



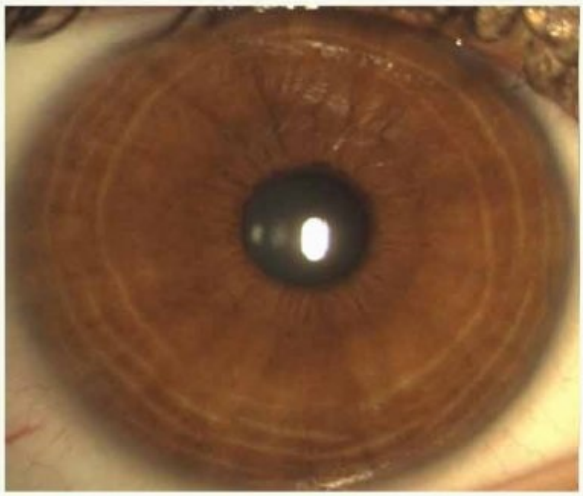
**Contraction arcs engraving the iris.**

**Radial furrows issuing from the collarette.**



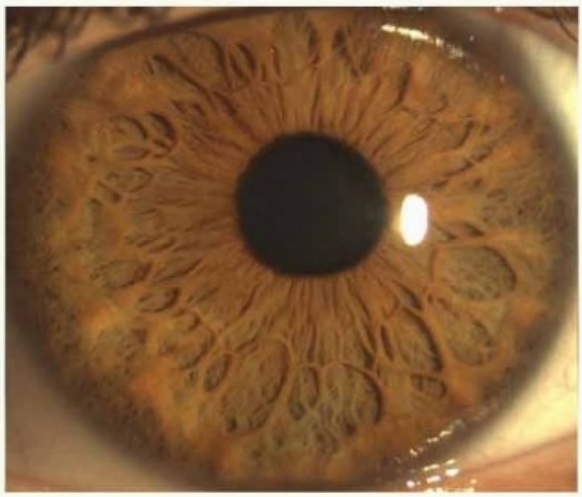
**Radial furrows extending from the collarette to the outer rings.**

**Contraction arcs in the ciliary body.**

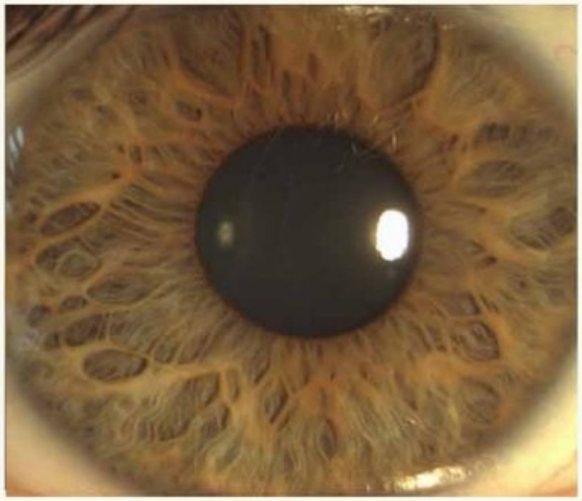


**Ematogenic iris with miotic pupil and contraction arcs.**

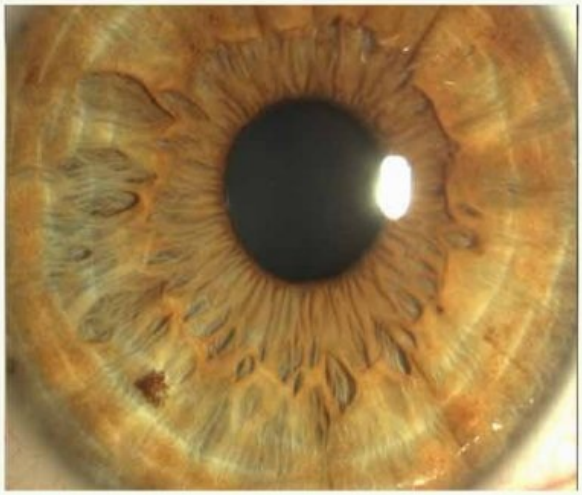
# Connettival Irises



**Ciliary body thinned by large lacunae. Swollen fibers and thinned-out areas in the collarette.**

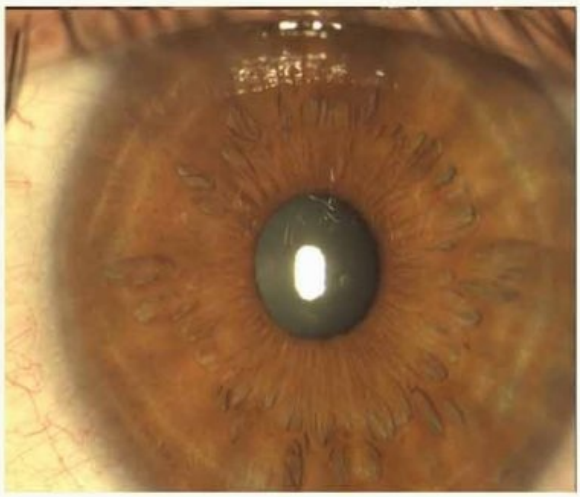


**Collarette thinned by lacunae. Open lacunae thinning the ciliary body.**

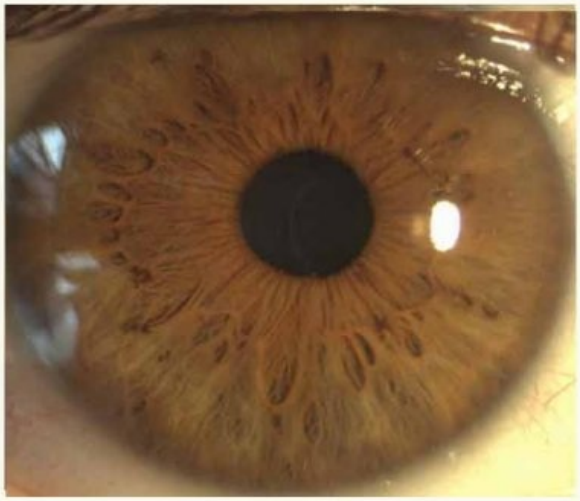


**Swollen spaced-out fibers and small lacunae in the collarette. Thinned-out areas and contraction arcs in the ciliary body.**

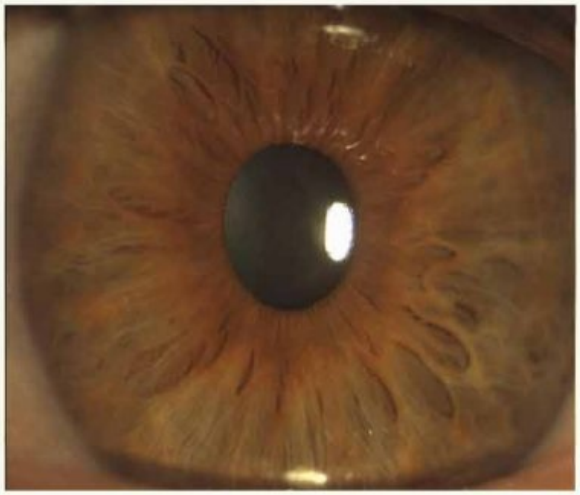
# Glandular Irises



**Small and medium-sized lacunae distributed around the collarette.**



**Small and deep lacunae. Open and closed. Distributed around the collarette.**



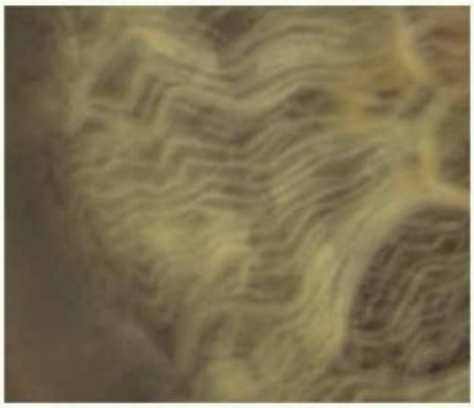
**Autonomic nerve edge interrupted by narrow deep lacunae around the collarette.**

# Fiber Anomalies

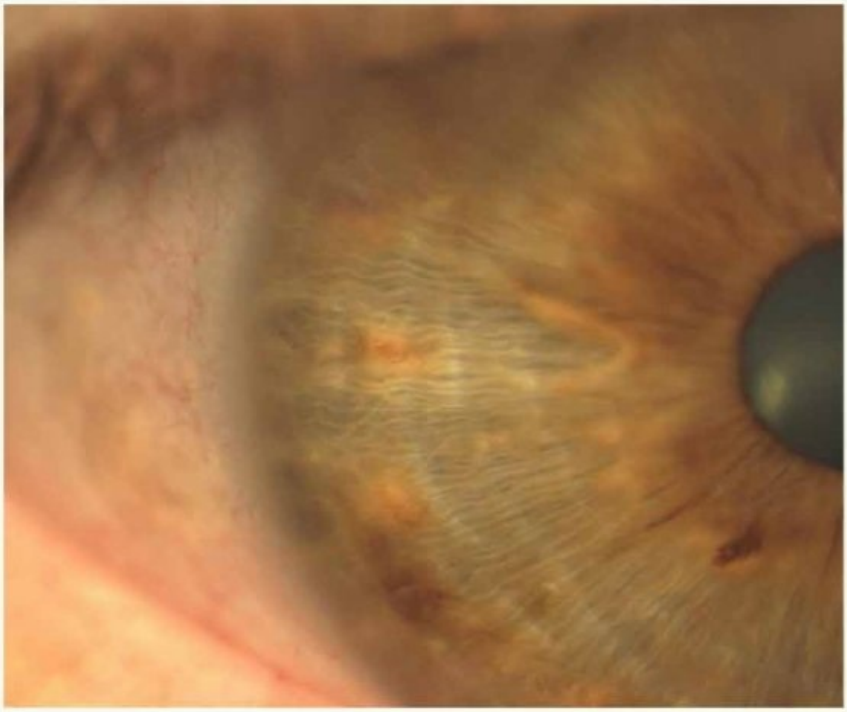
Enlarged white fibers. White suffusions. The increase in fiber diameter and a fiber color turning to white or bright white is a sign of inflammation, either an ongoing or a recent process. White impregnations in adjacent areas are a worsening sign.
Fiber thinning. Fiber thinning is accompanied by a darkening in the thinned-out areas due to lower layers of the stroma becoming visible. Thinning is a sign of organ failure and distress. When thinned-out areas are surrounded by white fibers or suffusions, inflammation or recent pathological processes must be considered.
Transversal fibers. These are fibers showing a larger diameter than that of the rest of stroma fibers and with a transversal rather than a radial direction. Transversal fibers point to a connectival weakness of the organs corresponding to the iris sector in which they appear. When they are accompanied by other markings (pigments, lacunae, crypts, defect marks, radial furrows, silver fibers) in adjacent areas, they relate to a worsening process. Transversal fibers can be simple, branched, grouped in bundles or circumscribing small sectors of the iris like an arc. They are signs of connectival weakness, stasis, congestion: herniae, ptoses, joint laxity, chondropathies (cartilage disorders), haemorrhoids, varicose veins, organ congestion (lungs, heart, kidney, uterus).
Vascularized transversal fibers. Transversal fibers with a visible blood vessel placed inside. They are signs of an acute process (haemorrhoids, if they are located in the lower iris sector; heart damage, if they appear in the left temporal sector; headache, if they are in the frontal sector).Intersecting transversal fibers. When they appear together with other markings, intersecting transversal fibers indicate a tendency to degenerative processes.

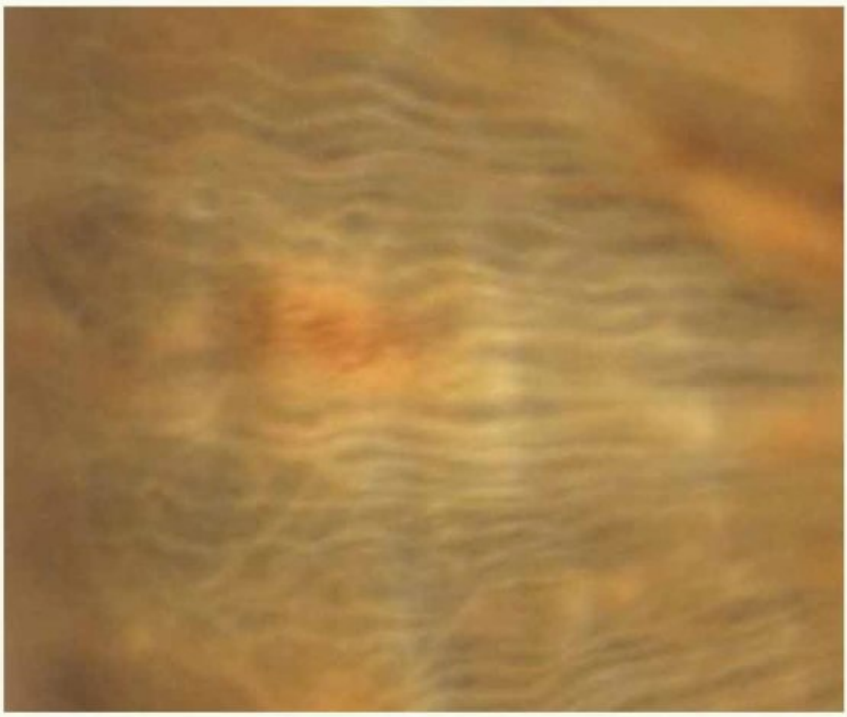
Disrupting fibers. Fibers which issue from the collarette and change the basic texture of the ciliary body by creating a darker area which acquires various shapes (tulip marking, asparagus marking). They are usually located in the visceral and frontal sectors. Tulip markings are associated to suffering of the encephalon, while tulip markings reveal suffering of the urogenital apparatus.
Abnormal fibers. They issue from the collarette and circumscribe arc or angle-shaped areas. They are ascribed to consequences of inflammatory processes, peripheral nerve disorders or rheumatic inflammations.
Silver fibers. Thin bright white fibers which are much brighter than the other stroma fibers. They are sign of inflammation and nerve reactivity/irritability.

V-shaped fibers. Fibers spreading out in the shape of a V towards the pupil or the ciliary body. They mark off and circumscribe suffering areas.
Neuronal net. Widespread thick networks of thinner fibers which lay upon stroma fibers. They are sign of nerve over-irritability in the iris sector involved.
Kidney bridges. Fibers circumscribing wide arcs which are concave towards the ciliary body in the lower sector. They reveal kidney disorders or a mineral and water imbalance.
Wedge. Wedge-like opening in the autonomic nerve edge which makes the lower layers visible. It is a sign of suffering of organ. Torweg. Column-shaped defect mark originating in the collarette and extending towards the edge of the ciliary body. It is a sign of weakening of the organs represented in the sector involved.
Lightening. Areas showing a lighter color and visible white fibers. Sign of inflammation.
Koch’s bridge. Frayed abnormal fiber detaching from the collarette and inserting in other iris areas like a bridge. It indicates nervous instability, increased nerve reactivity and sensitivity, mood swings.

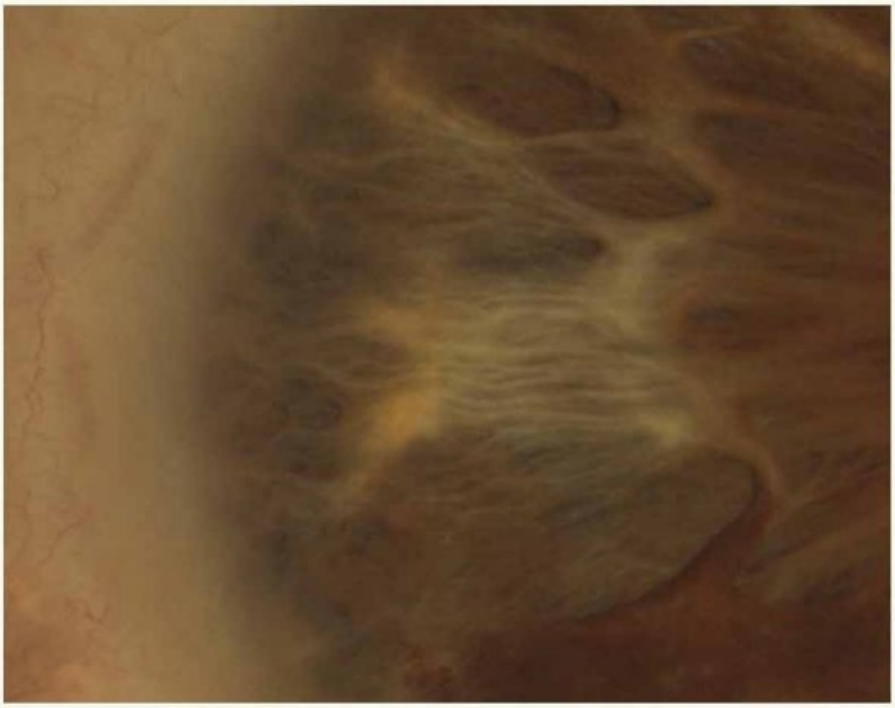


**Swollen bright white fibers.**



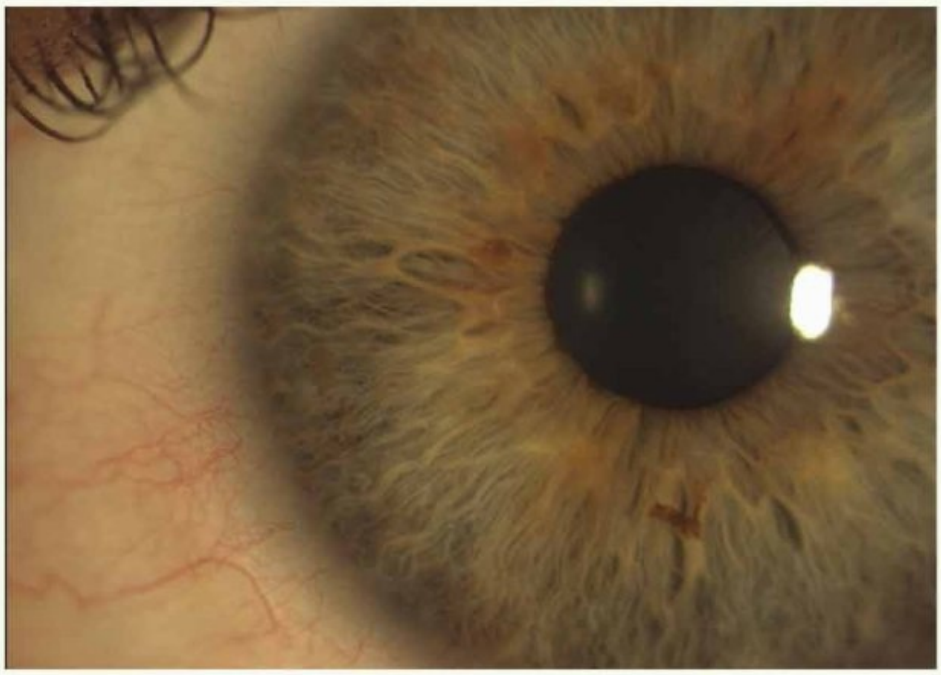


**Swollen bright white fibers impregnated with orange pigments.**

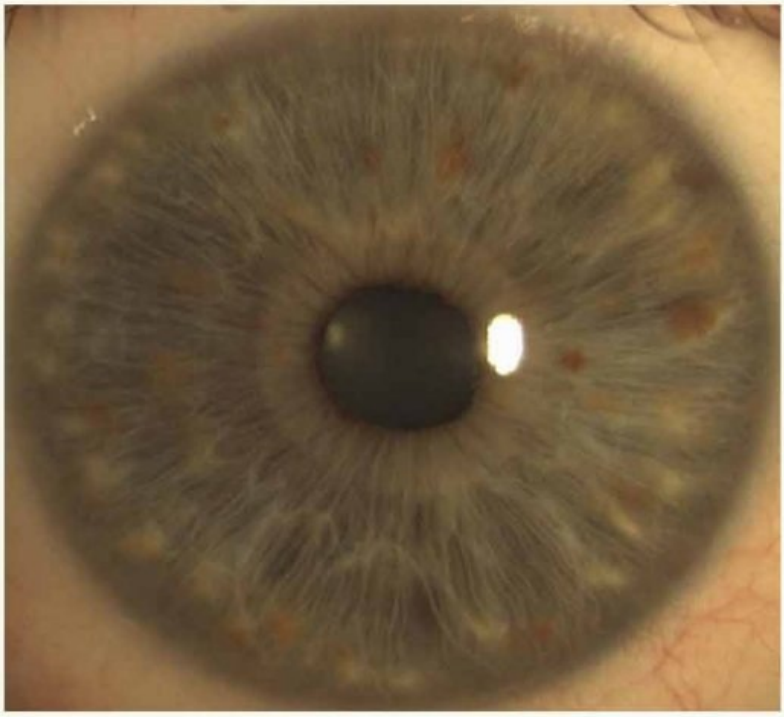


**Swollen fibers and white impregnation.**

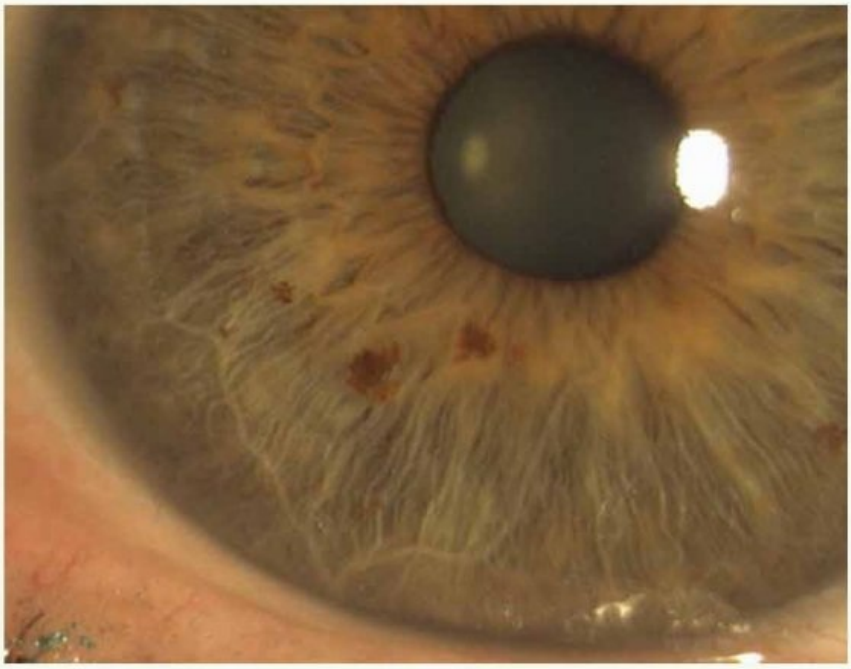
**Thinned-out fibers in the visceral sector.**

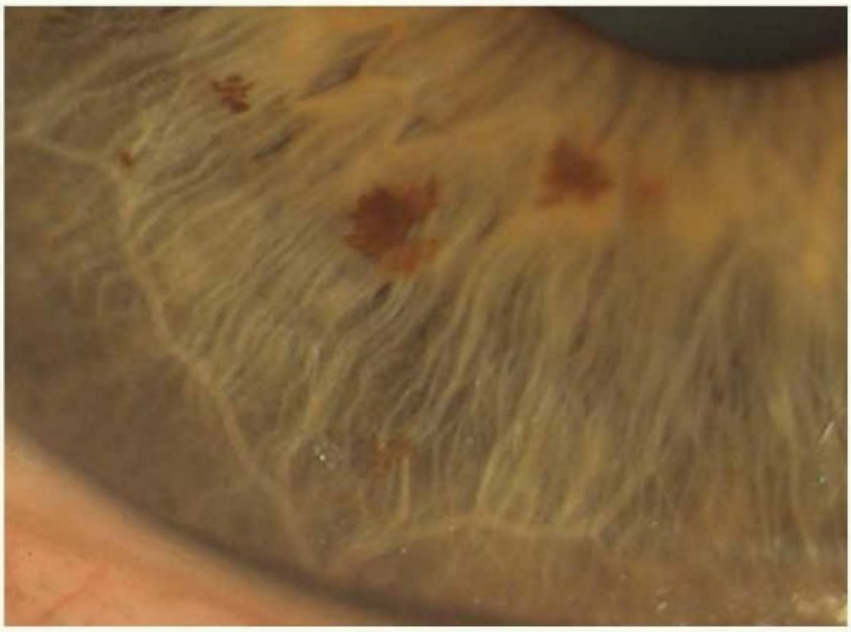


**Swollen thinned-out fibers**
**and**
**pigmentary impregnation**

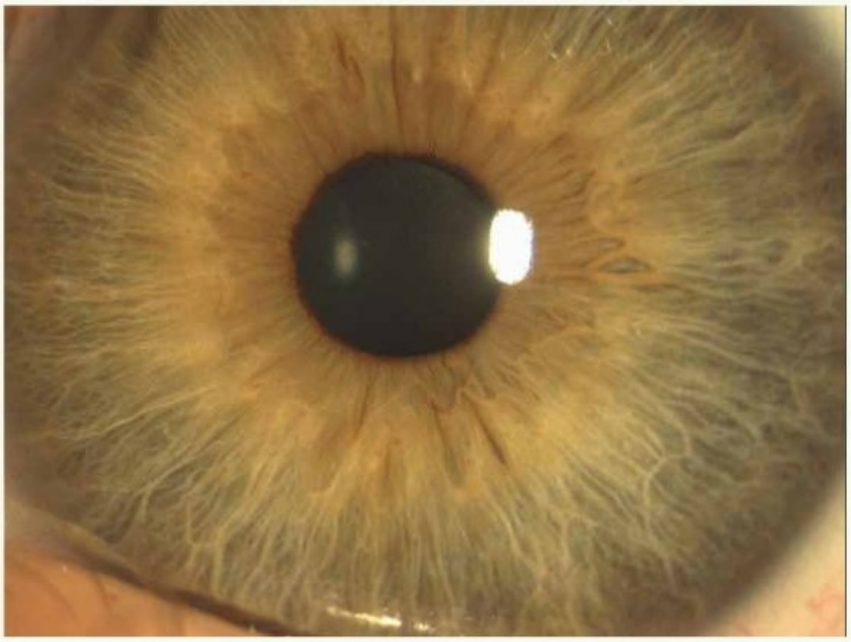


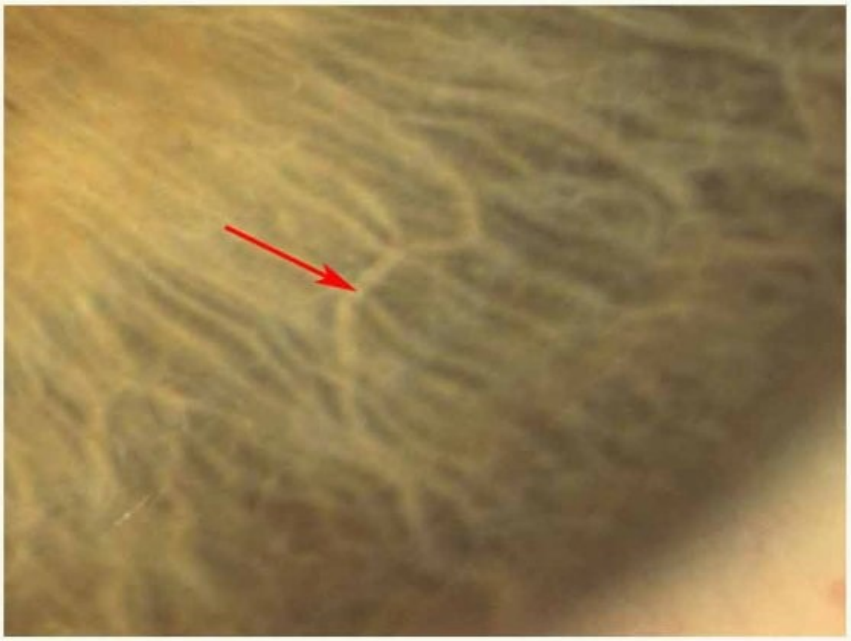
**Swollen slanted transversal fiber.**



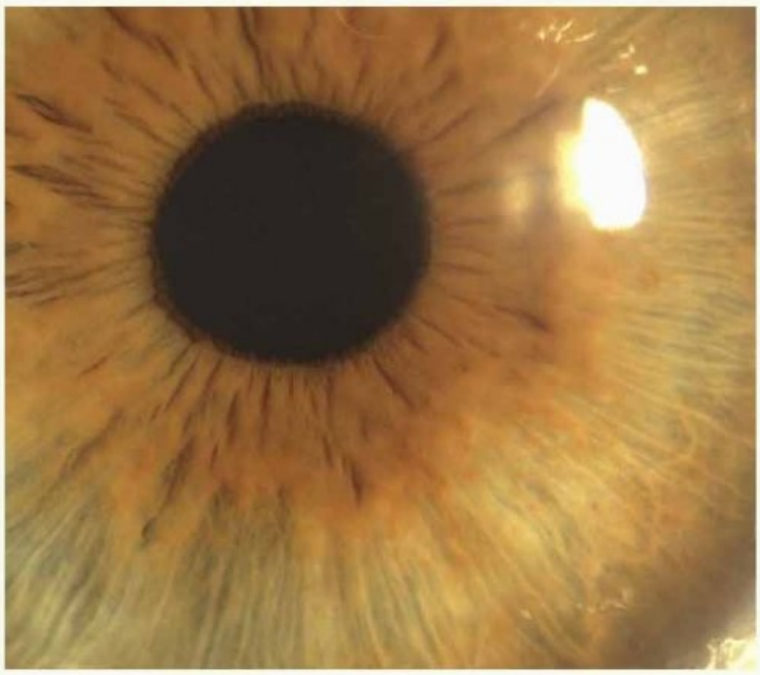


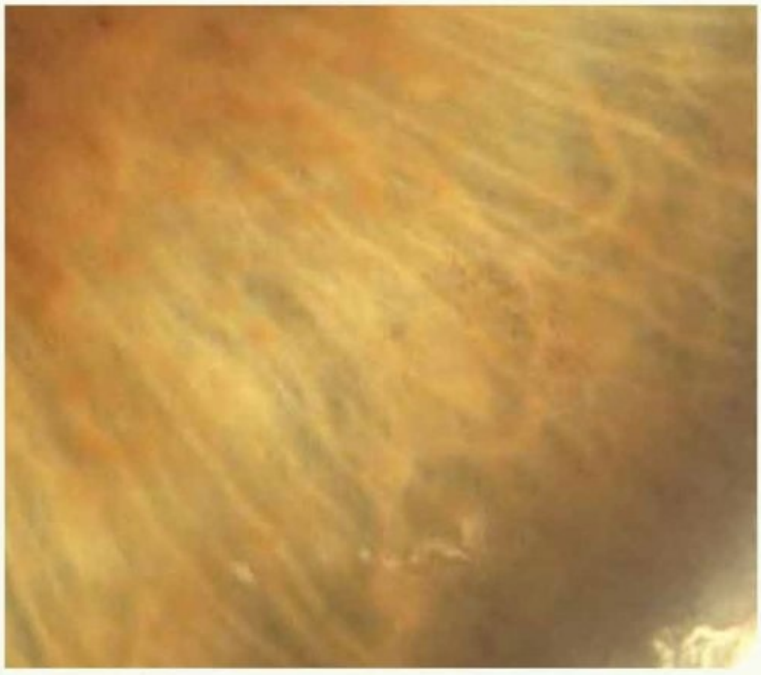
**Swollen white fibers delimiting the hepatic triangle.**



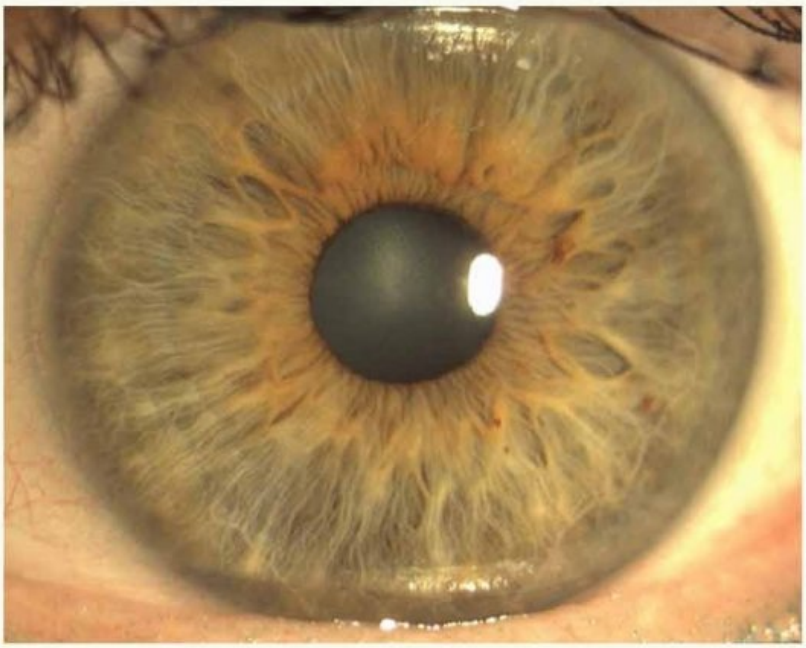


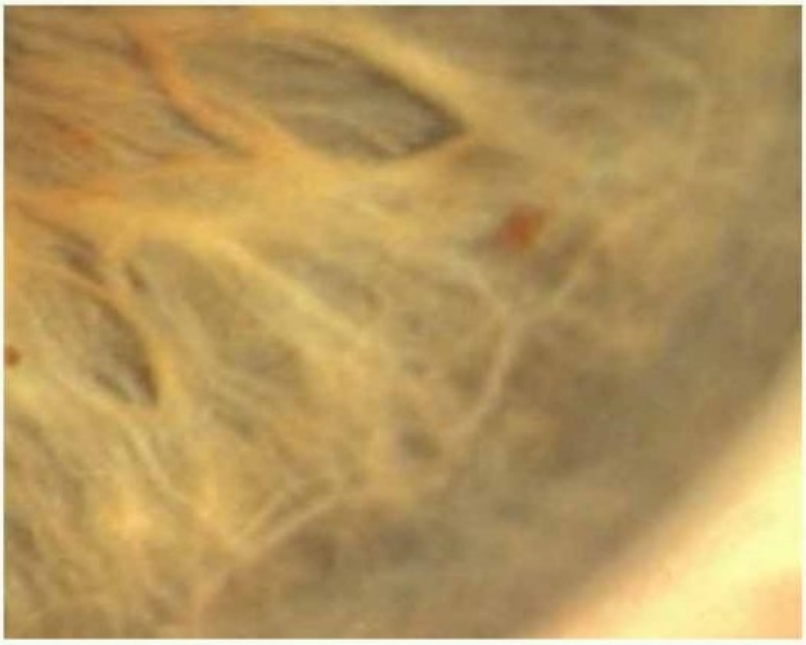
**White transversal fiber at 04:00 – 04:30 o'clock.**



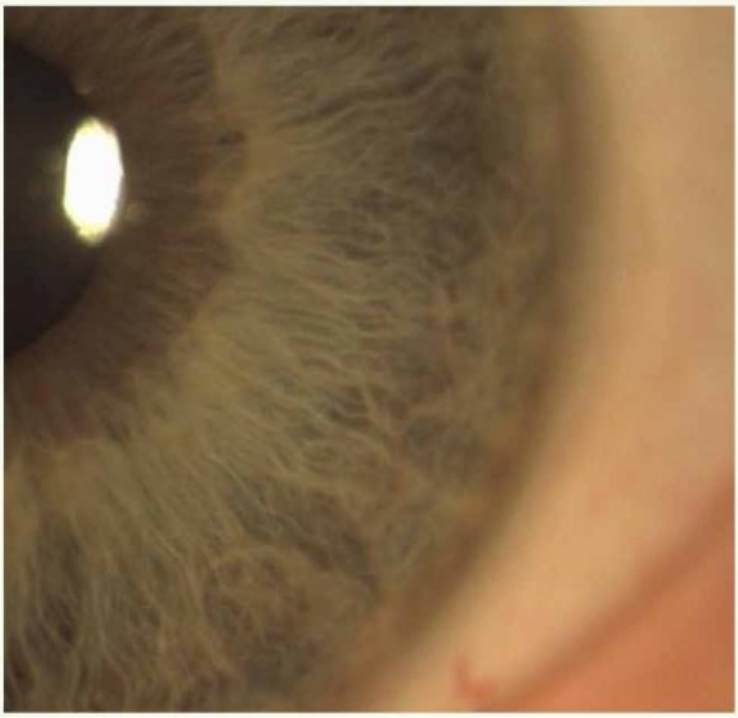


**Transversal bright fiber at 03:30 – 05:00 o'clock.**
**Spreaded ochre pigments.**

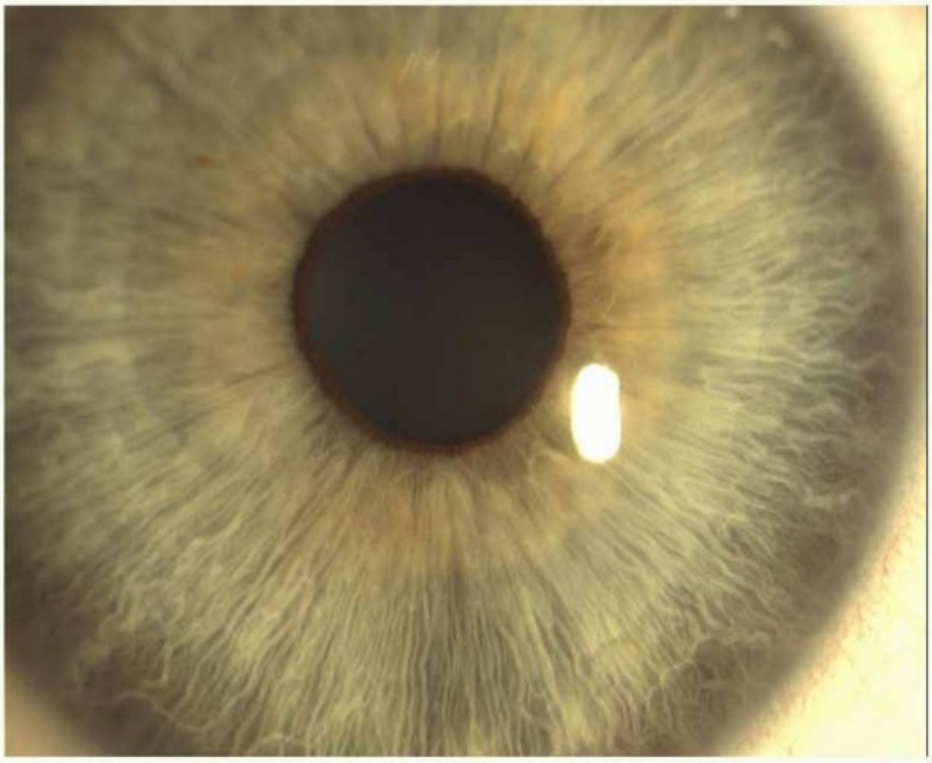




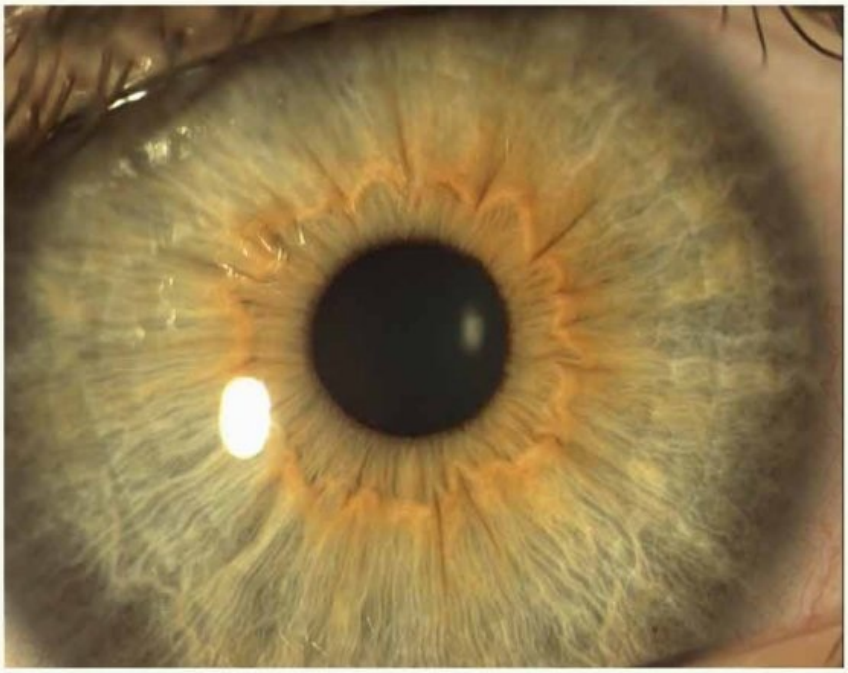
**Transversal bright fiber at 03:00 – 05:30.**

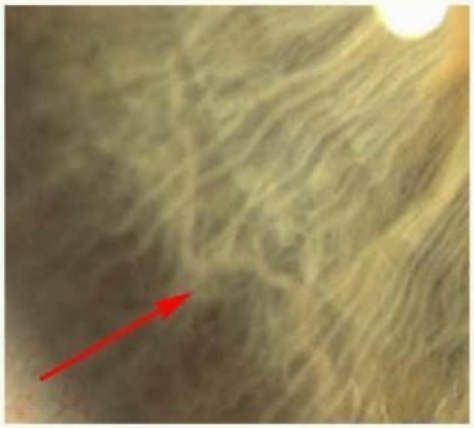


**Vascularized transversal fiber at 03:15 – 04:15.**

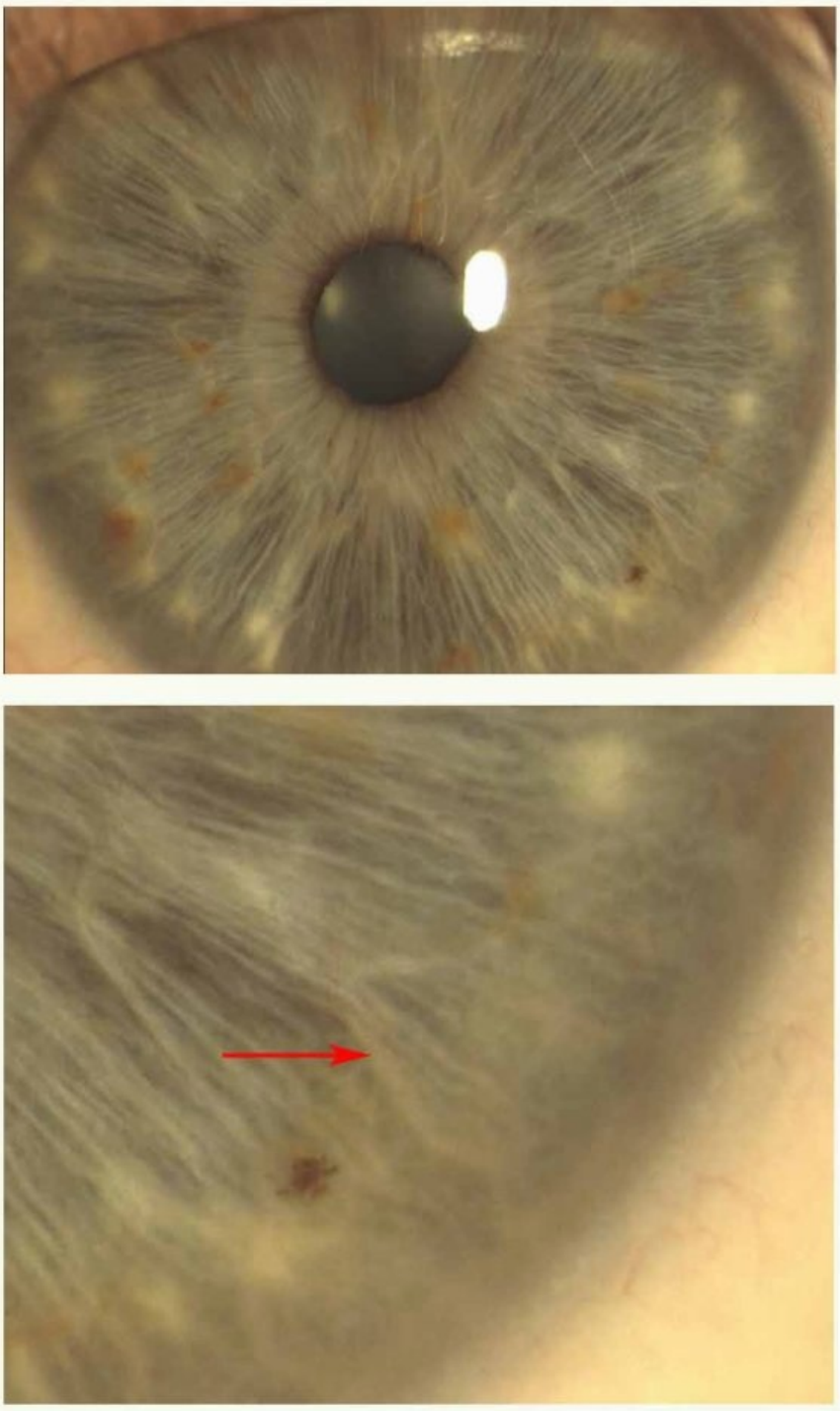


**Swollen vascularized fibers.**

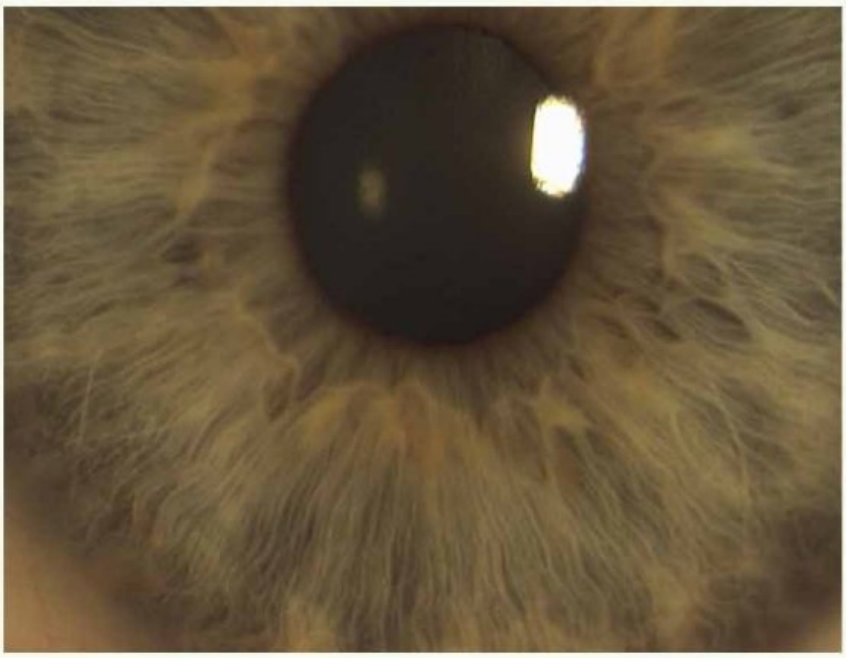




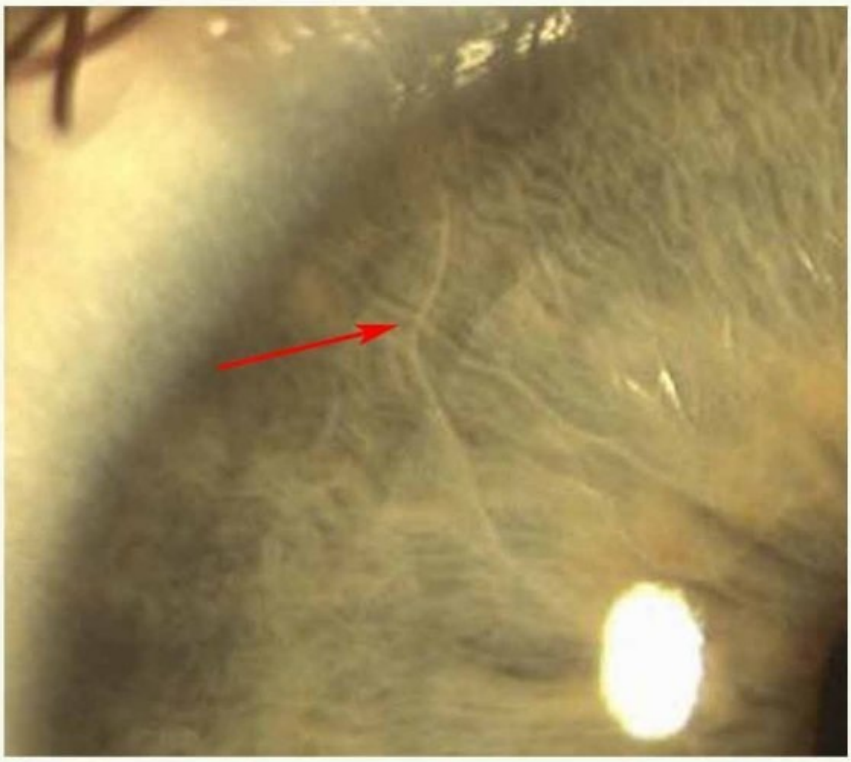
**Vascularized transversal fibers**
**at 07:00 – 8:30 o'clock**
**and**
**04 – 05:30 o' clock.**



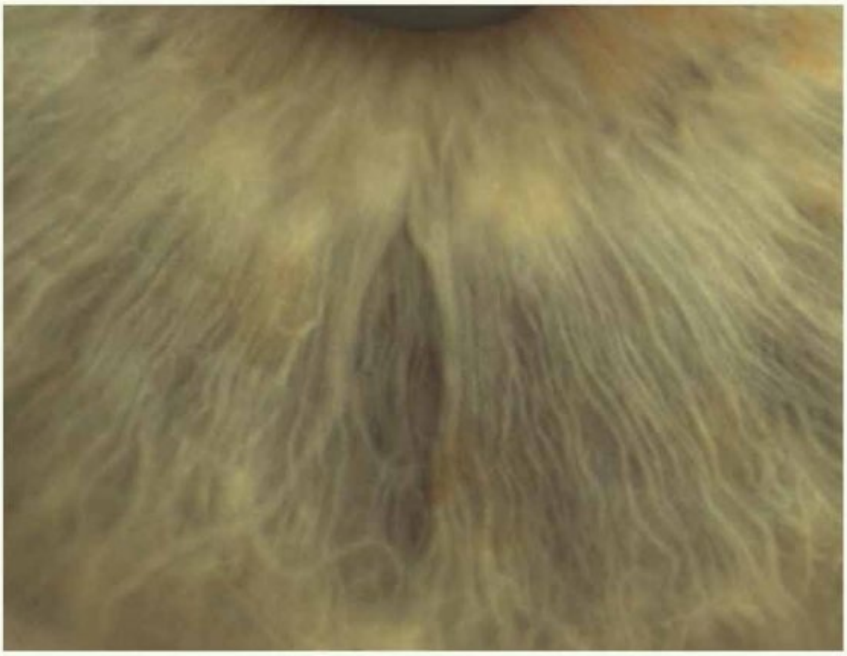
**Vascularized fiber at 04:00 o'clock.**



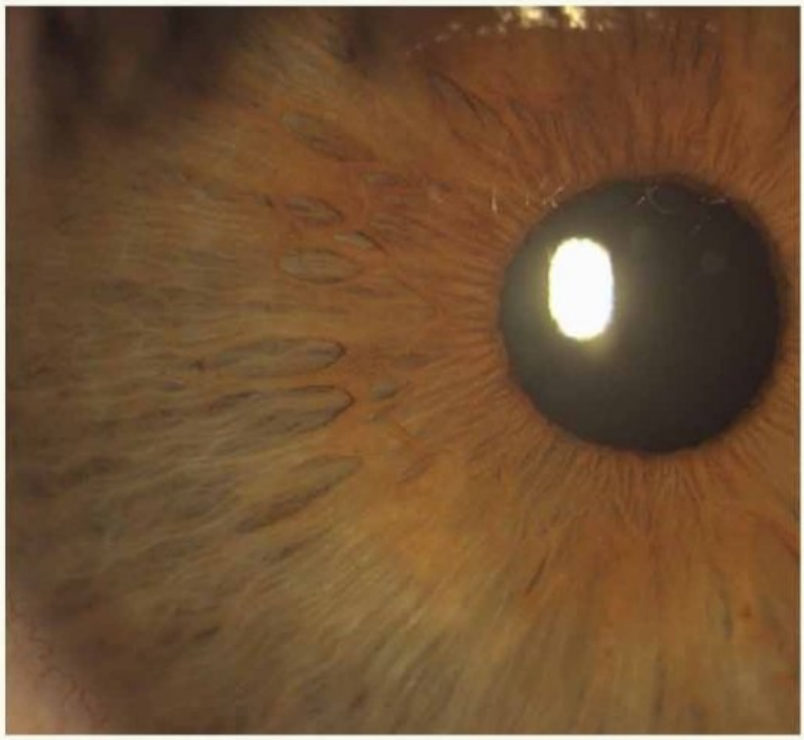
**Intersecting fibers at 08:00 o'clock.**
**Vascularized fiber at 07:00 o'clock.**



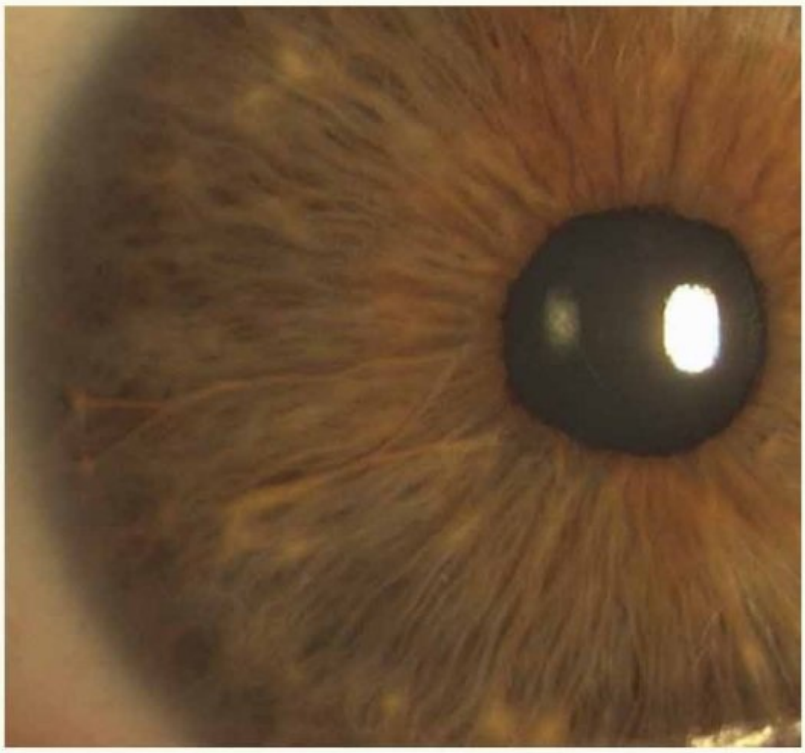
**Intersecting bright white fibers.**



**At 06:00 o'clock: swollen fibers branching out from the collarette and thinning the inside texture.**

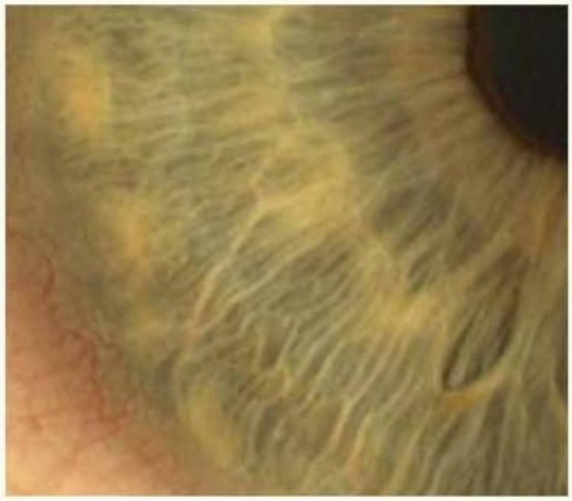


**Swollen arched fibers impregnated with ochre pigments issuing from the collarette and circumscribing thinned-out areas.**

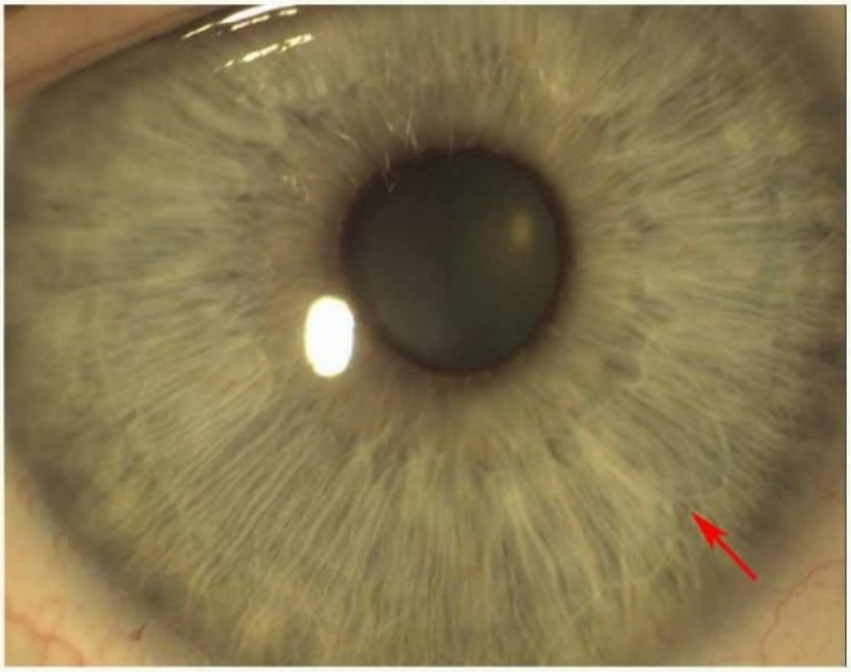


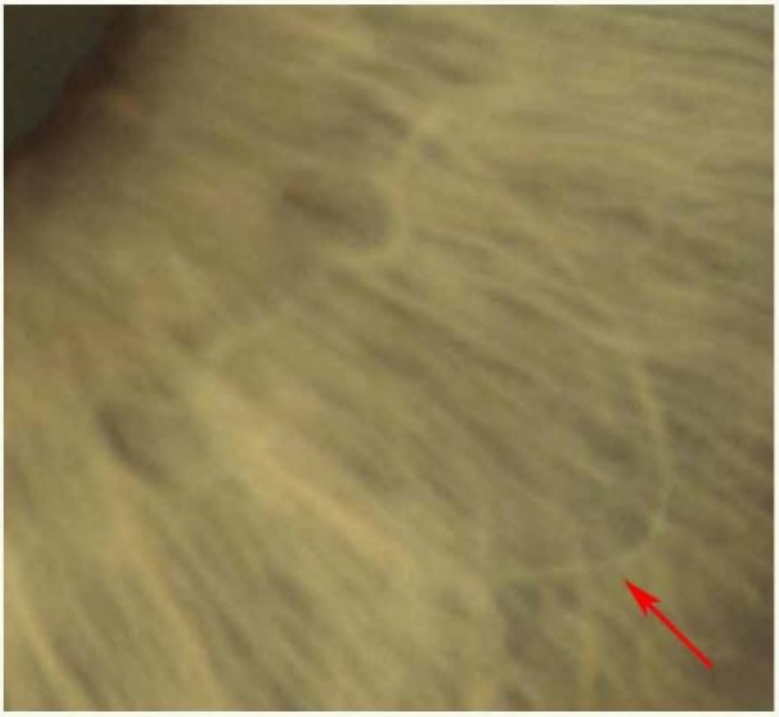
**Two V-shaped fibers overlaying the collarette's and the ciliary body texture at 08:15 and 08:45 o'clock**

**V-shaped silver fibers impregnated with two orange pigments at 05:30 o'clock.**

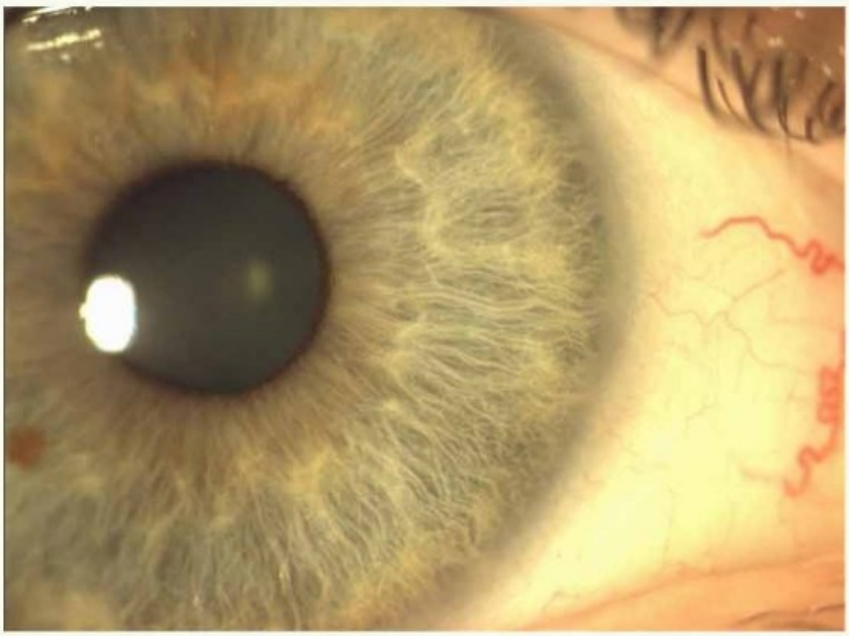


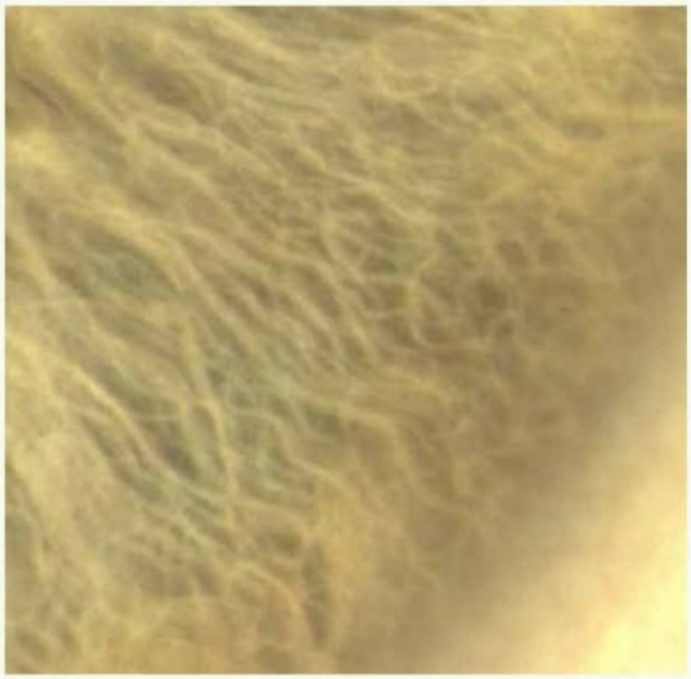
**V-shaped fiber at 08:00 o'clock**



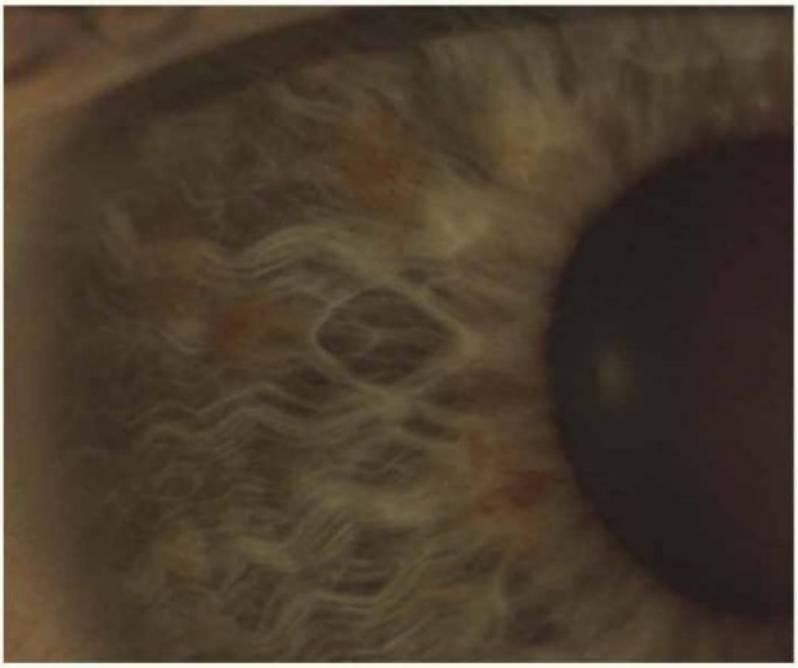


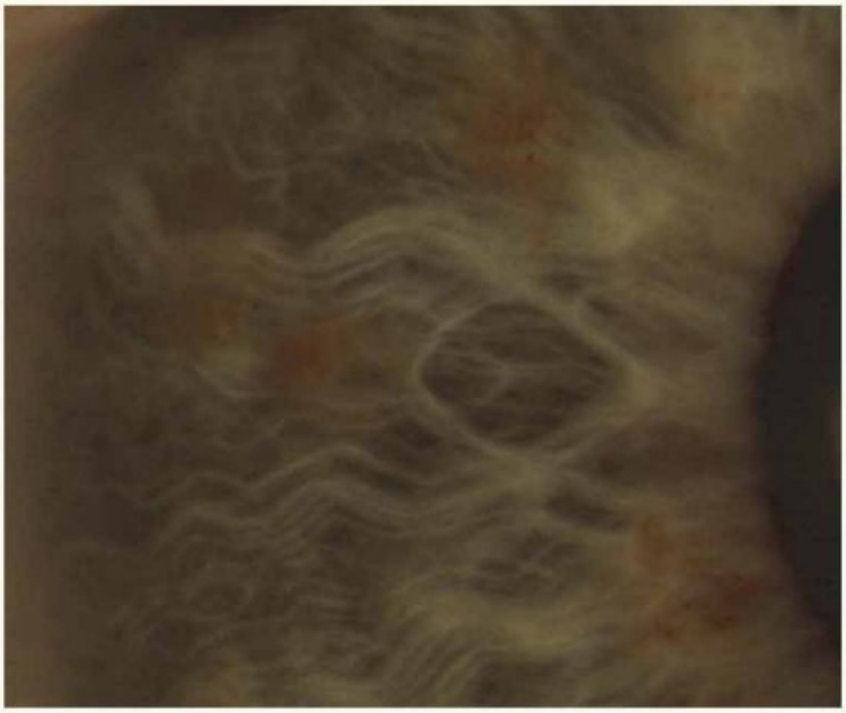
**Arched fibers at 04:30 o'clock**



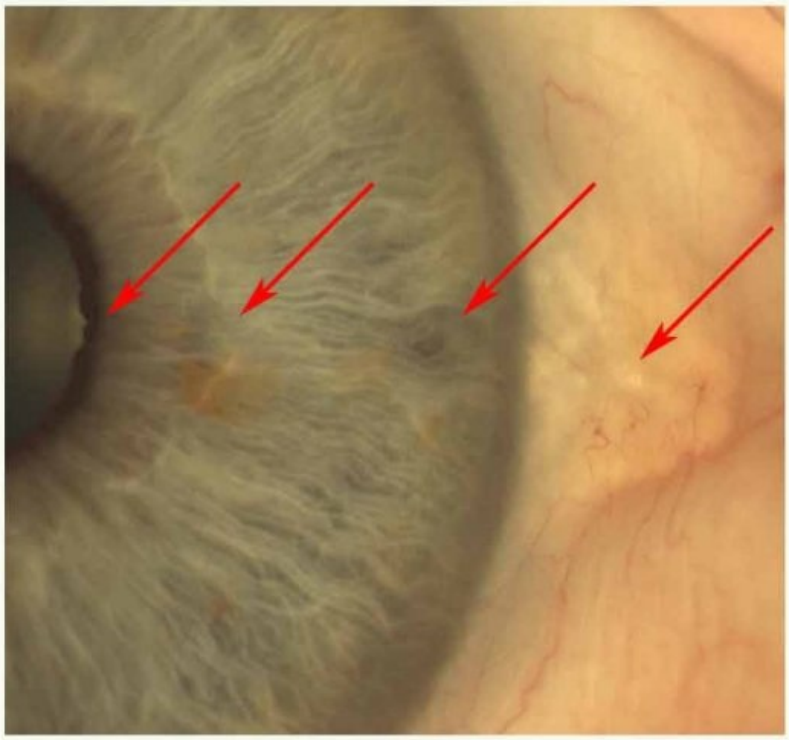


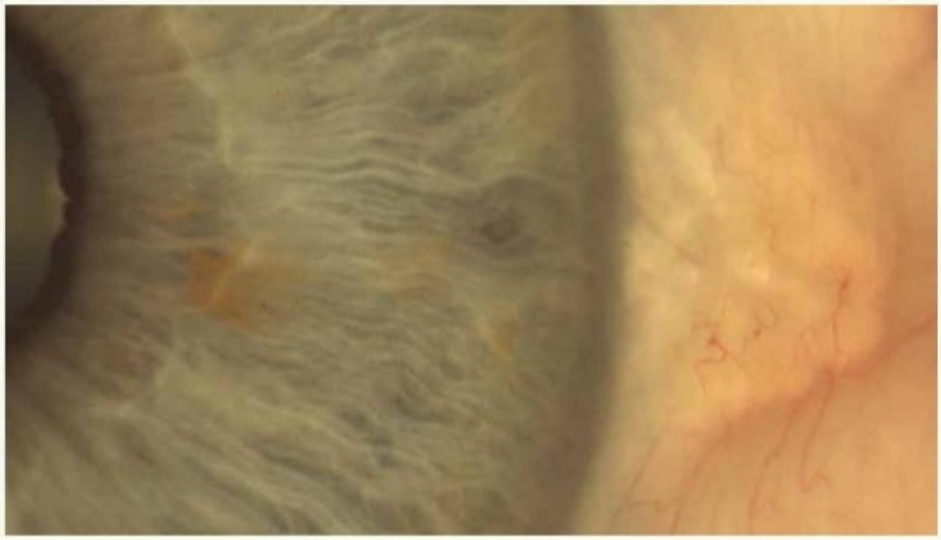
**Net of bright fibers**



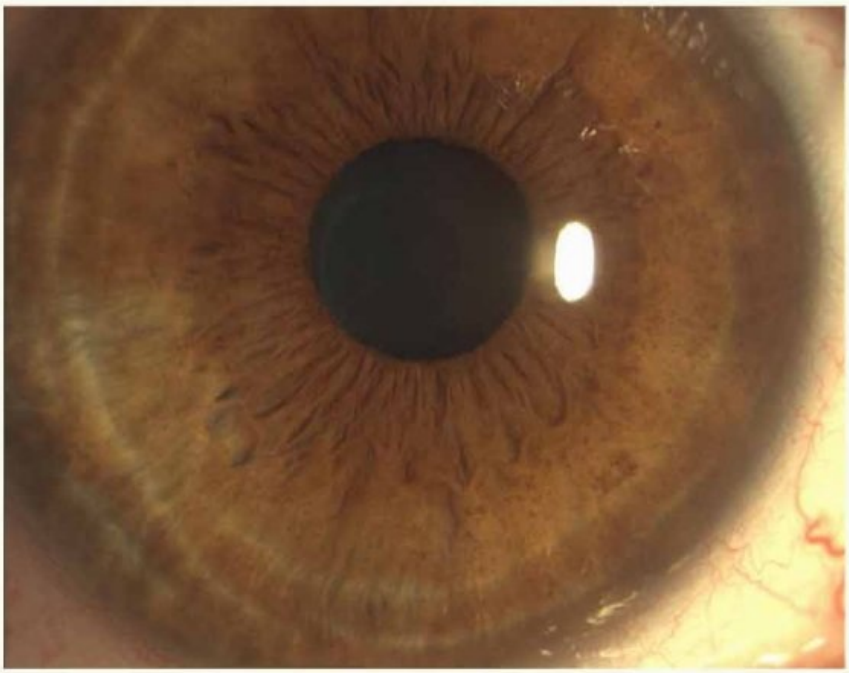


**Bundles of swollen bright fibers wedged in the collarette and delimiting a thinned-out area impregnated with light brown pigments**

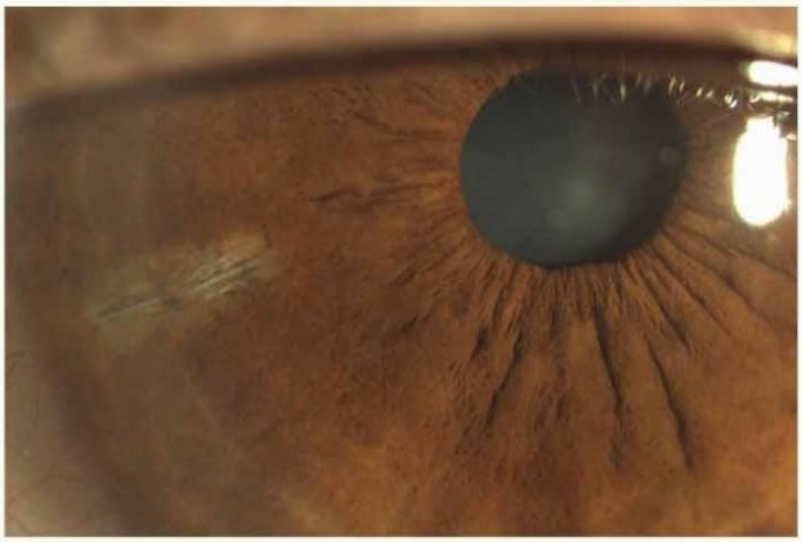


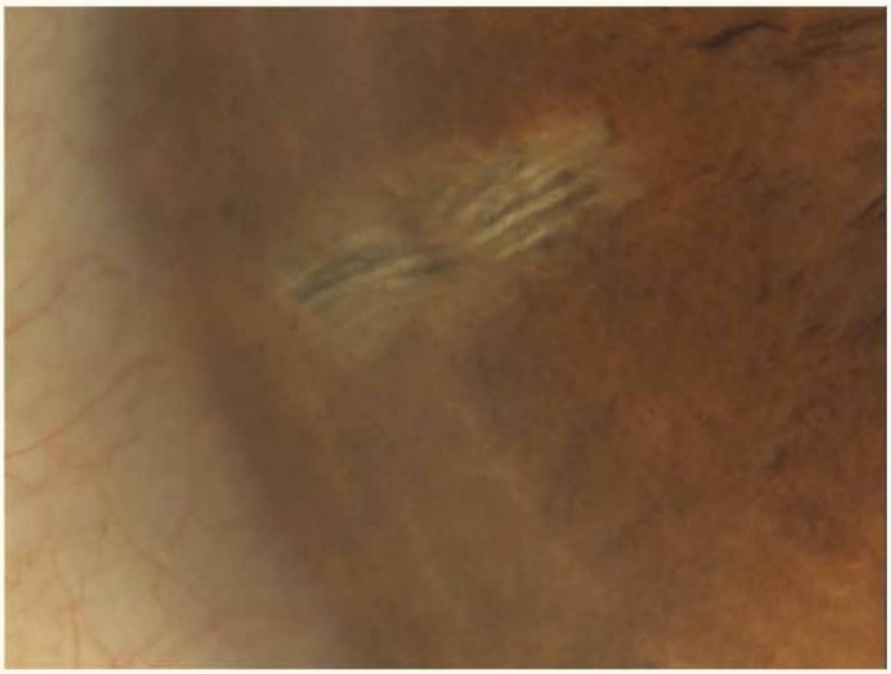


**03:00 o'clock: column-shaped thinned-out areas in the ciliary body delimited by bright fibers (torweg); calcified lipidic deposit in the sclera; interruption of autonomic nerve edge; frayed inner pupillary border.**

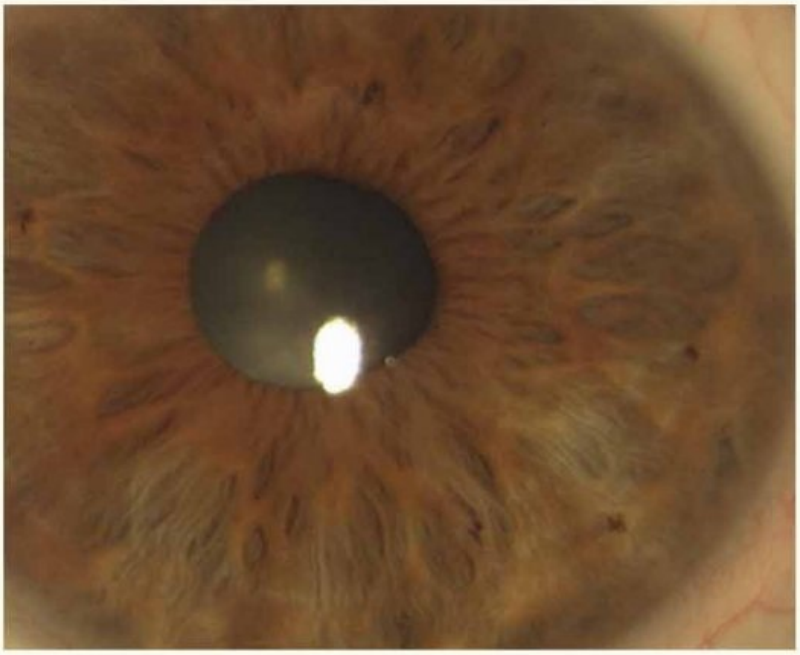


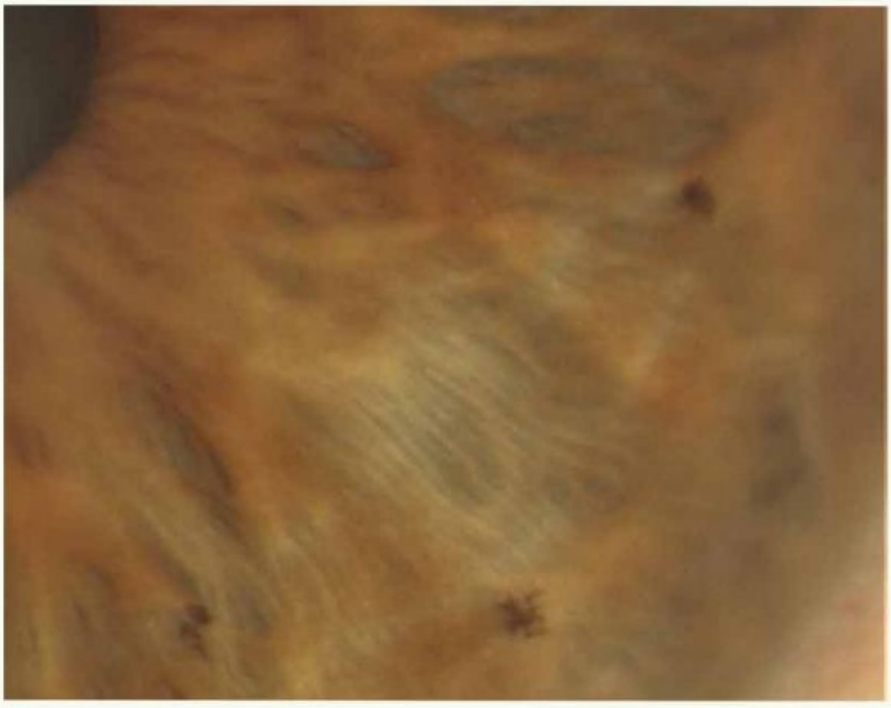
**Hematogenic iris.**
**Widespread lightening of the ciliary body**
**at 07:00 – 08:30 o'clock**
**and**
**contraction arcs**



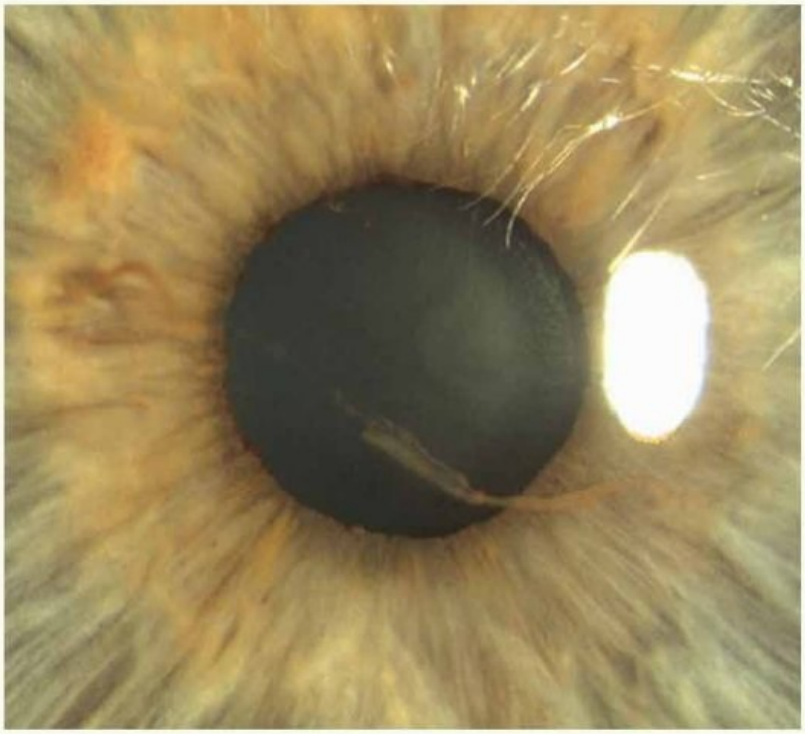


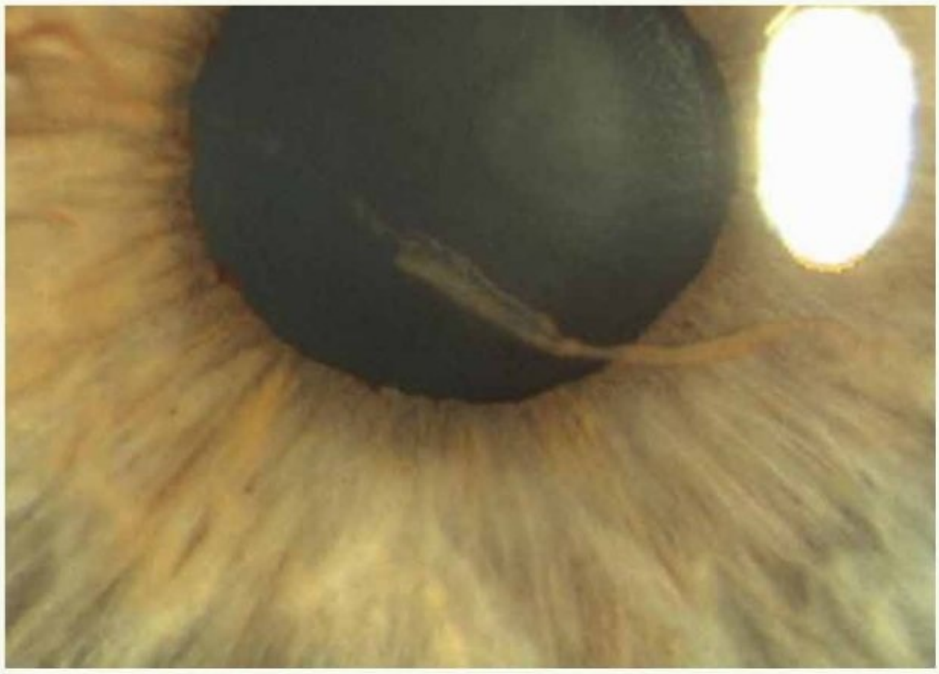
**08:00 o'clock: swollen**
**thinned-out fibers,**
**defect mark in the underlying texture**



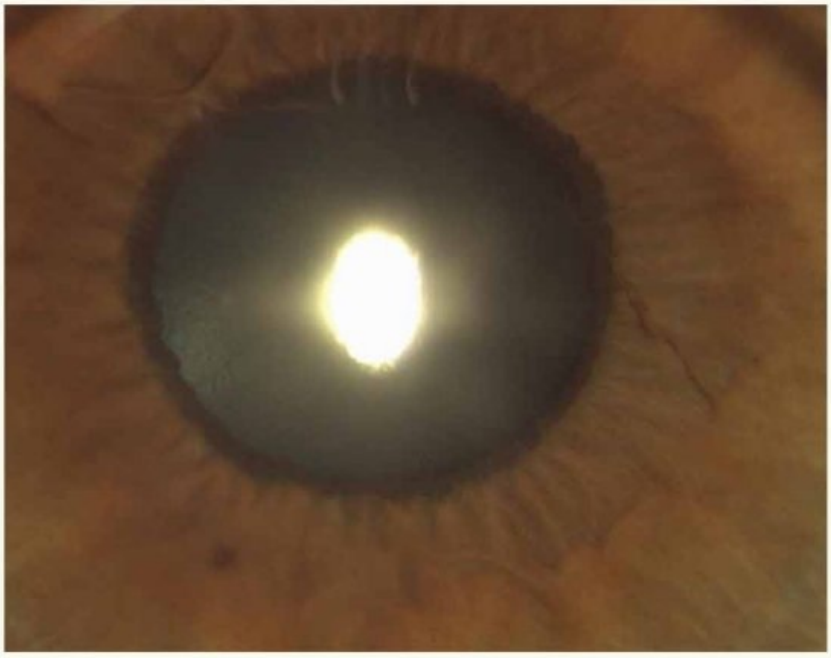


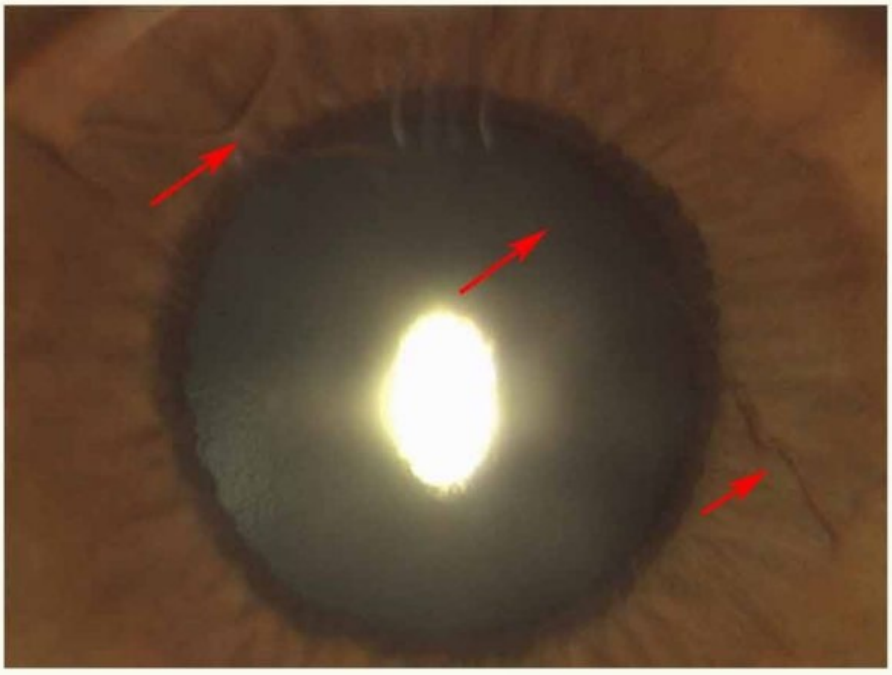
**Lightening and thinning**
**of ciliary body**
**at 03:30 – 04:30 o'clock**





**Koch's bridge. Frayed fiber issuing from the collarette and bridging the pupil**





**Swollen abnormal fiber issuing from the collarette at 04:00 o'clock, bridging the pupil and reaching again into the collarette at 11:00 o'clock**

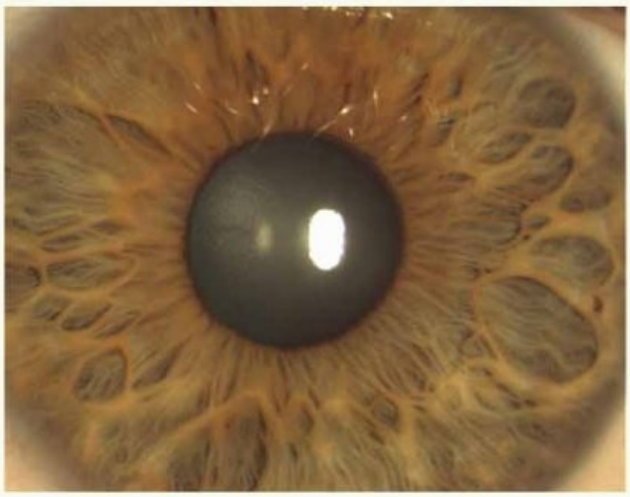
# Lacunae

Lacunae are oval-shaped thinned-out areas in the stroma delimited by fibers with a larger diameter than that of the basic texture. They are signs of weakness in the organs represented in the iris sector involved.

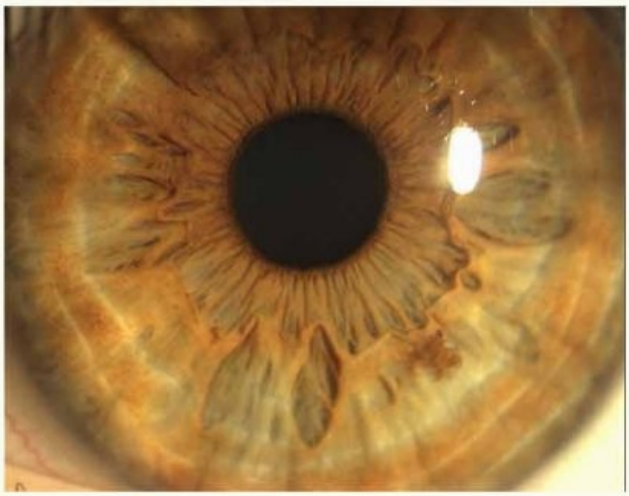
# Classification of Lacunae

Open and closed lacunae. A closed lacuna is referred to a stable defect while an open lacuna is a sign of an ongoing process.
Bright fibers inside the lacuna. These are signs of active or recent inflammation.
Pigmentary impregnation. Impregnation of lacunae with pigments is a worsening sign.
Perifocal signs. Markings distributed around the lacuna (pigmentary impregnation, lightening of texture, tophi, vascularized fibers, scleral pigmentation, vascular signs in the sclera). They are signs of a worsening process.
Connectival and glandular types. The presence of lacunae is characteristic of the two iris types known as connectival and glandular types. Connectival irises are marked by wide lacunae and thinned-out areas in various parts of the iris; glandular ones are characterized by small or medium-sized lacunae encircling the external border of the collarette.

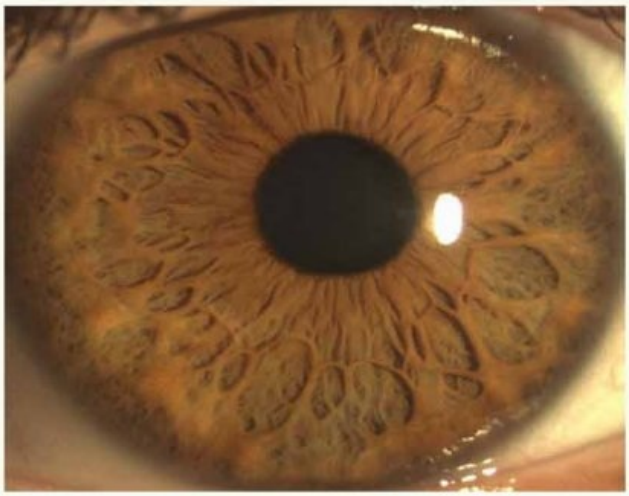
# Connectival Irises



**Connectival iris, daisy-shaped subtype.**
**Wide lacunae in the ciliary body and thinned-out areas in the collarette**

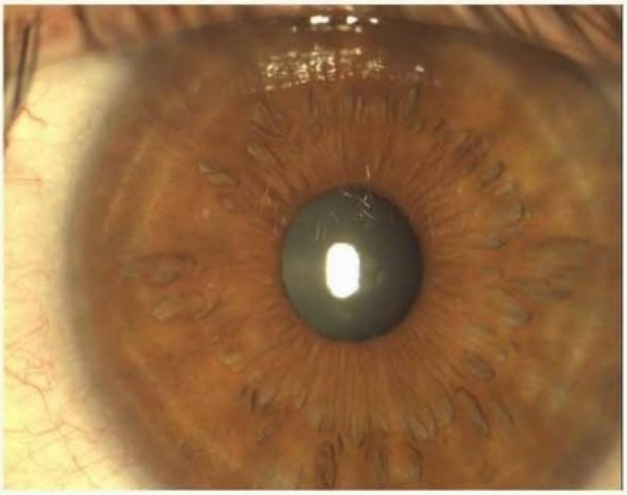


**Thinning of texture.**
**Lacunae around the autonomic nerve edge and contraction arcs**

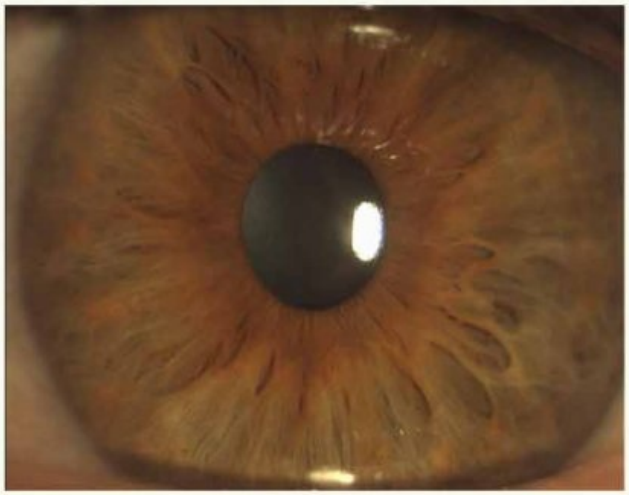


**Wide lacunae in the ciliary body and thinned-out areas**

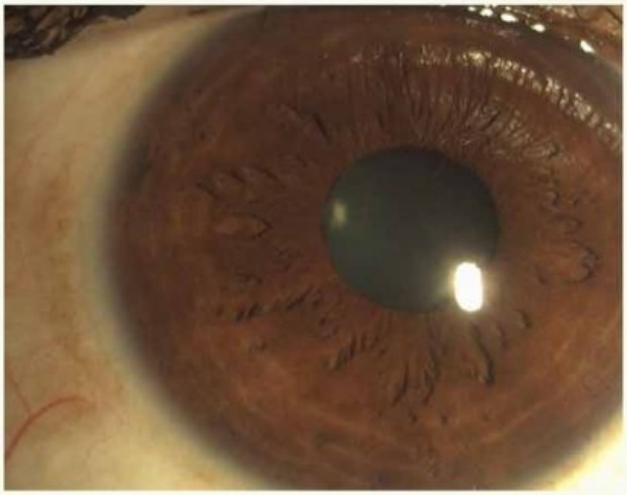
# Glandular Irises



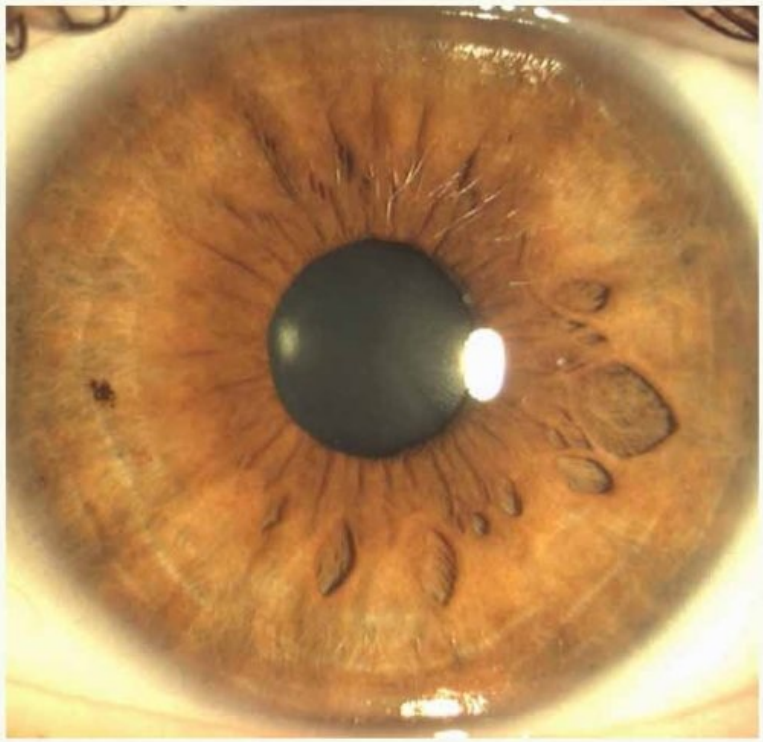
**Circular band of small lacunae bordering the collarette. Contraction arcs**

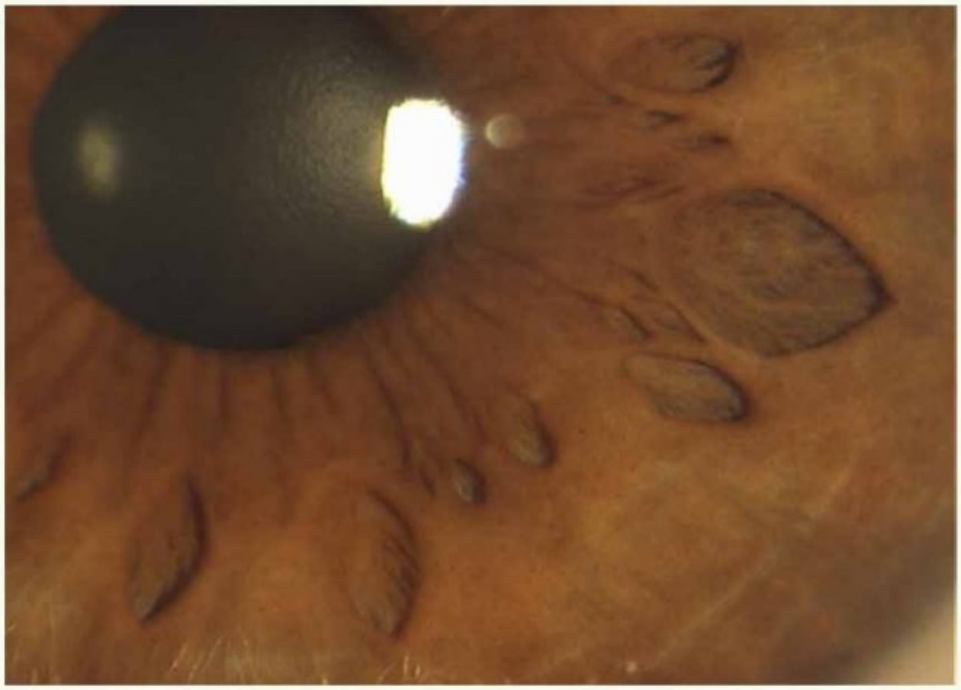


**Left iris. Medium-sized lacunae bordering the collarette appearing mainly in the frontal and temporal sectors**

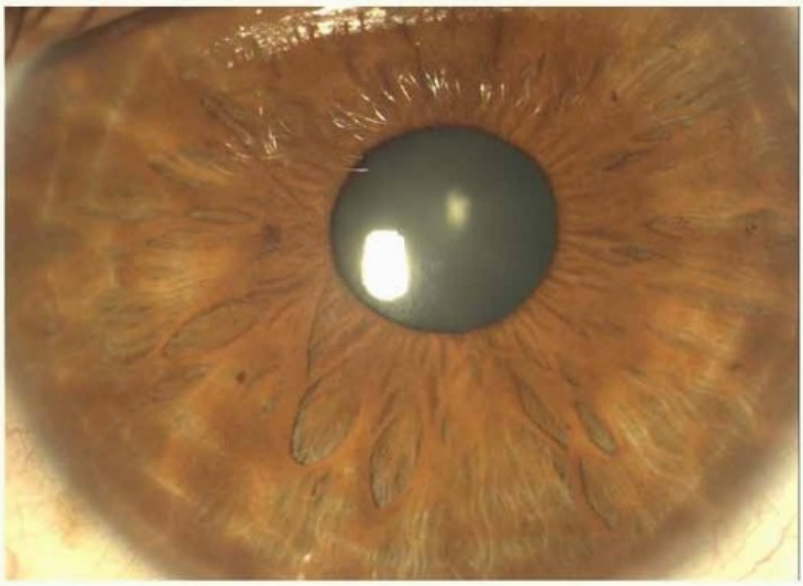


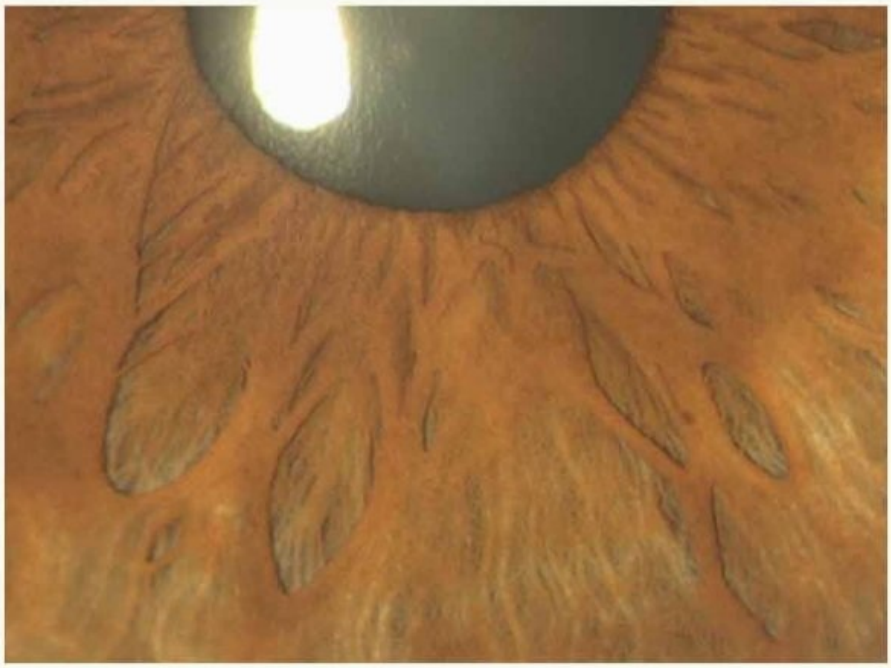
**Lacunae bordering the collarette**



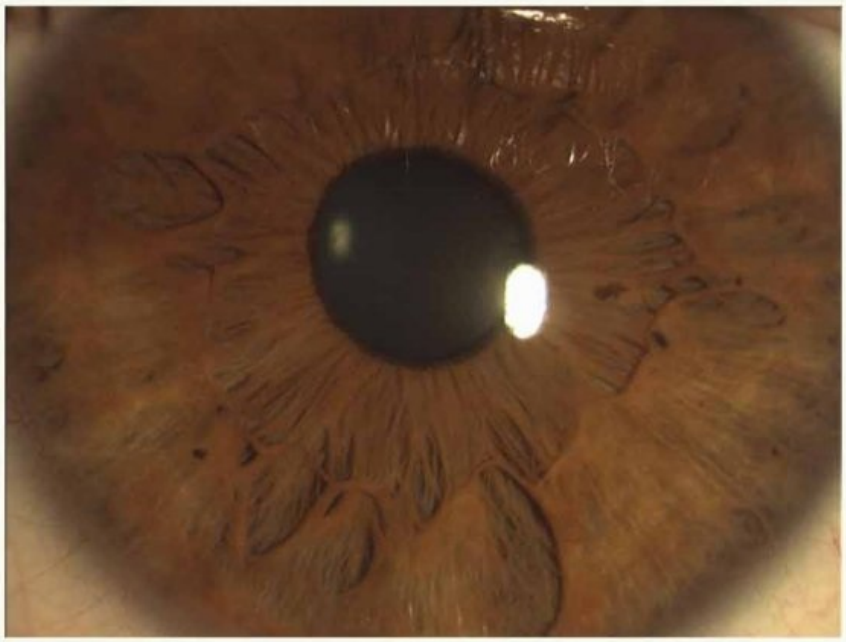


**Lacunae encircling the autonomic nerve edge at 02:50 to 07:30 o'clock**

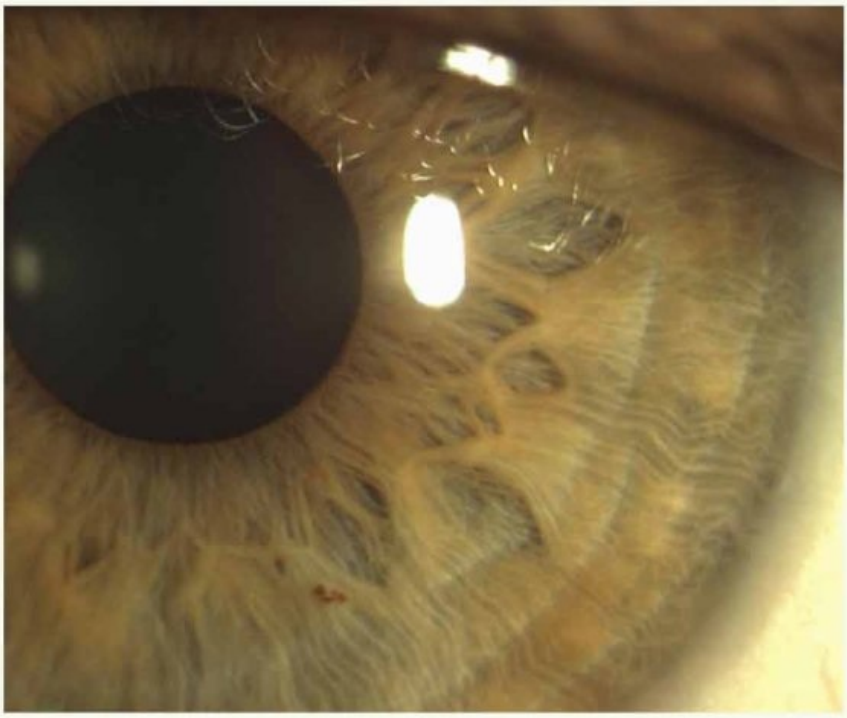




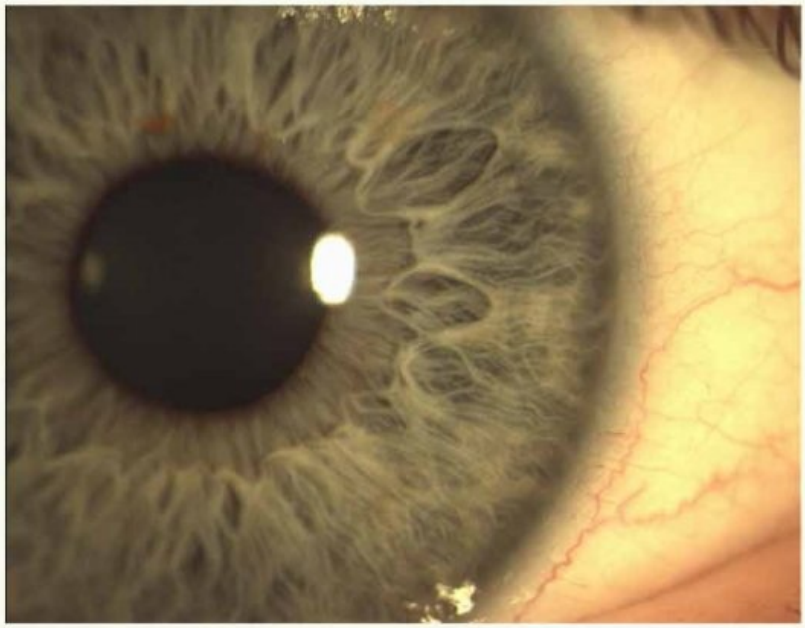
**Thinned-out texture,
wide lacunae and
lightening in the visceral sector**



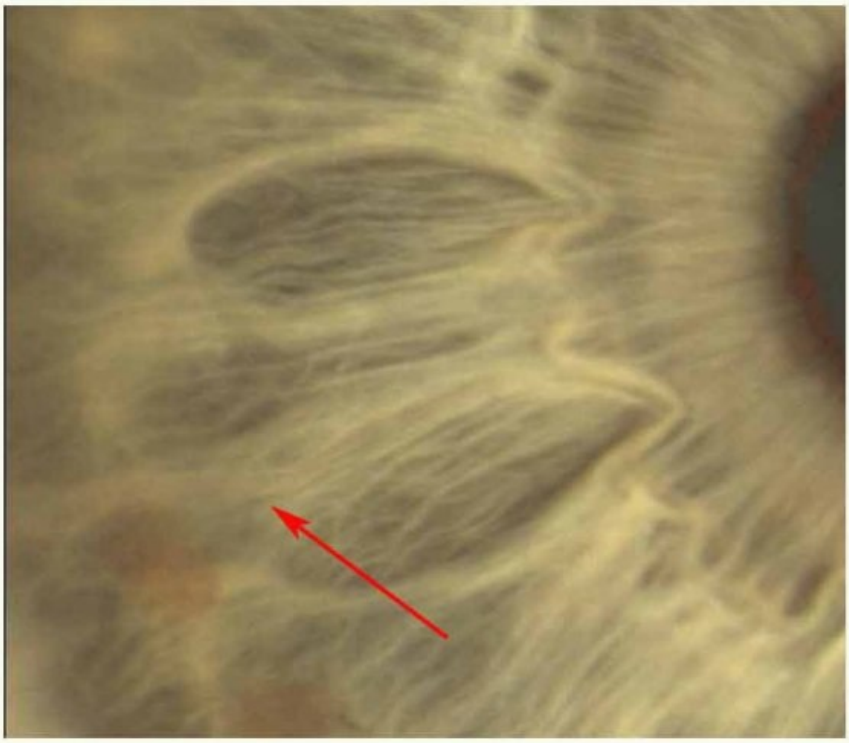
**Wide open lacuna at 04:30 o'clock.**
**Weak glandular iris with several lacunae along the autonomic nerve edge.**
**Thinning of the collarette's texture**



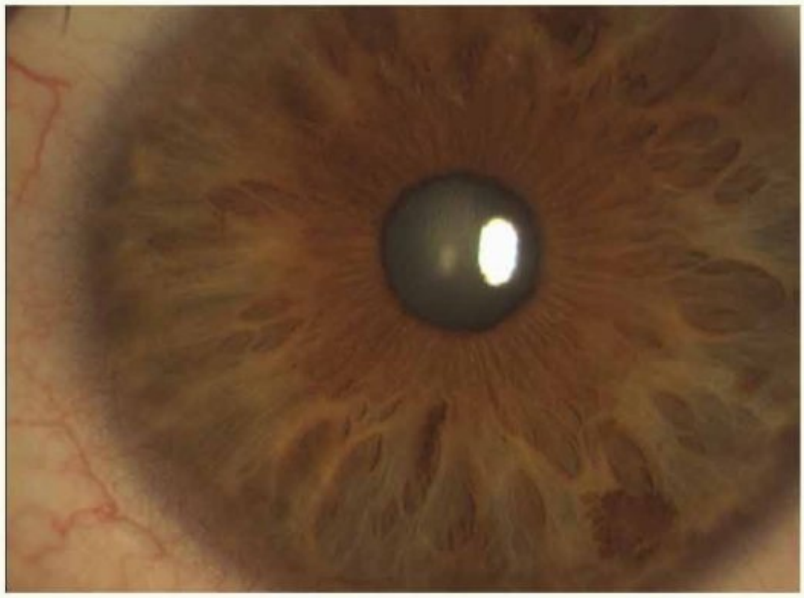
**Lacunae with**
**bright white fibers in the inside area**



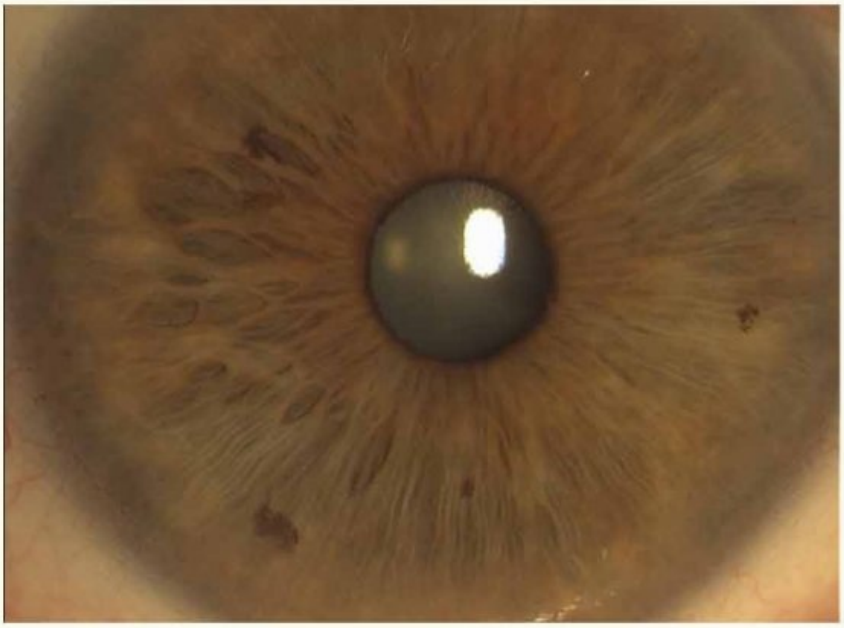
**Series of lacunae with bright edges and bright white fibers in the inside area (02.30 to 03:30 o'clock)**



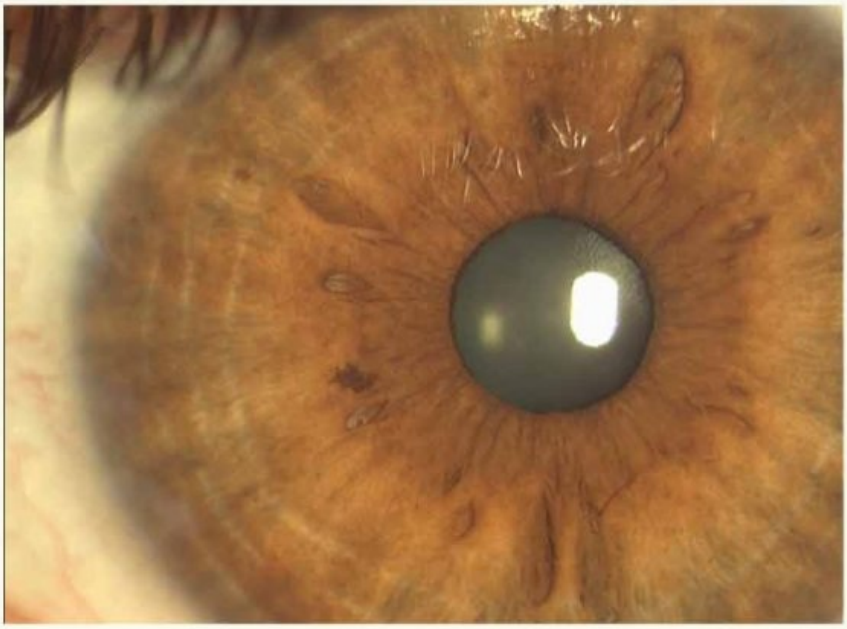
**Bright impregnation of collarette and ciliary body.**
**White fibers inside lacunae.**
**Aligned lacunae at 08 – 09:15 o'clock**
**with a vascularized fiber between**
**the median and lower lacuna**

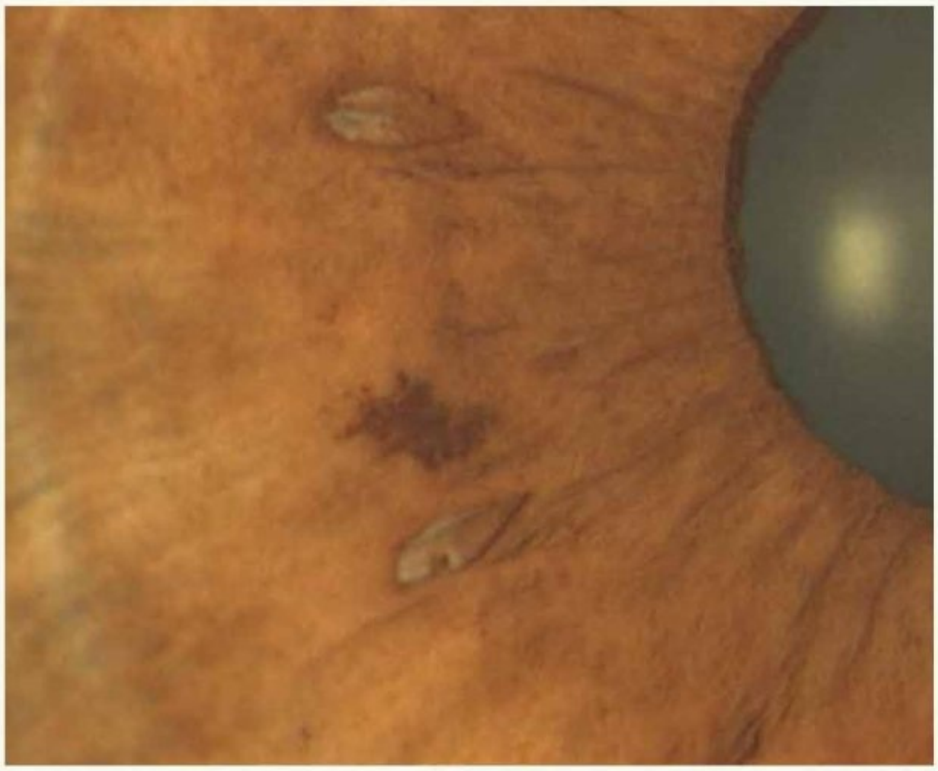


**Lacuna with brown impregnation adjacent to the collarette at 06:30 o'clock**

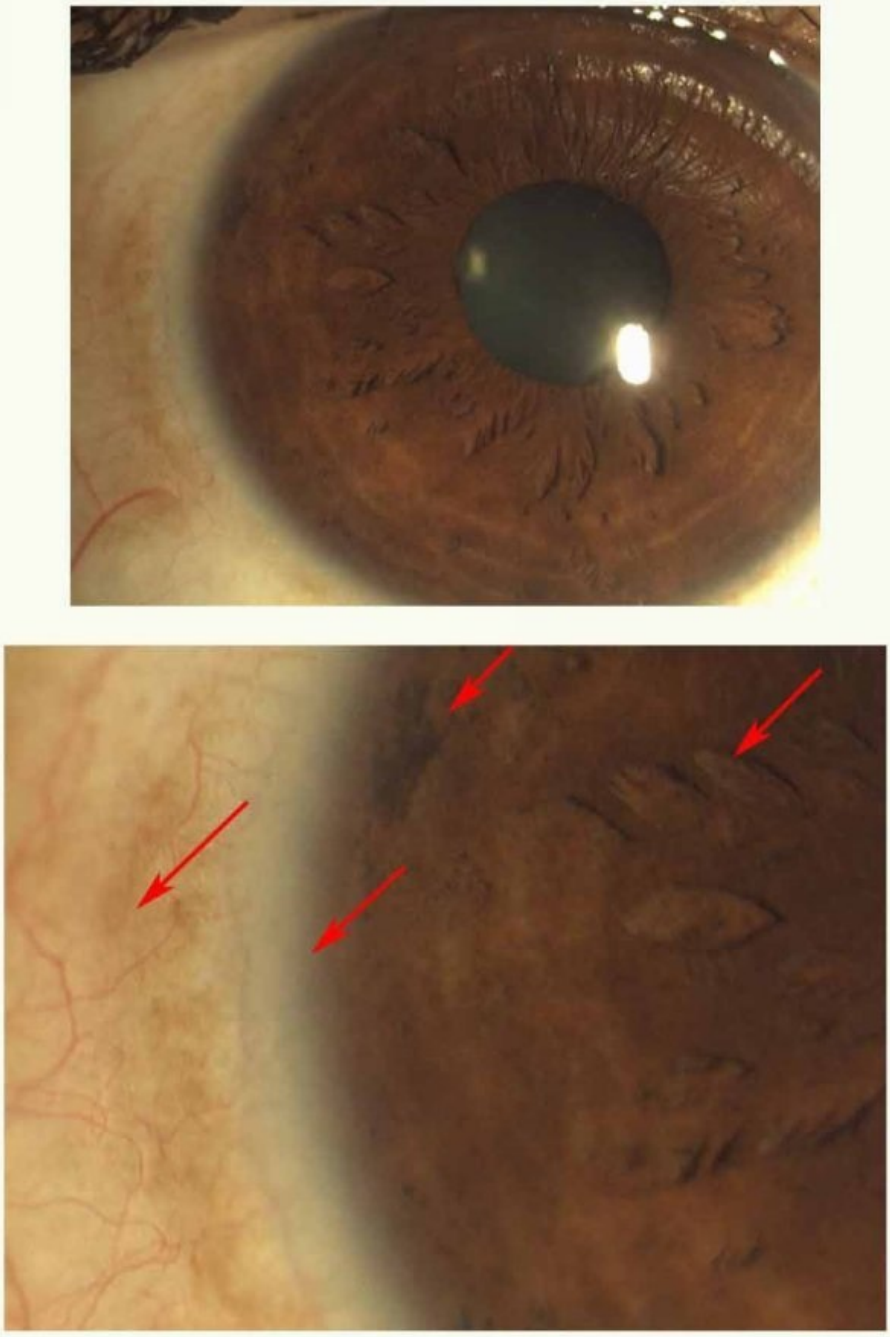


**Lacuna with brown impregnation adjacent to the collarette at 10:00 o'clock**

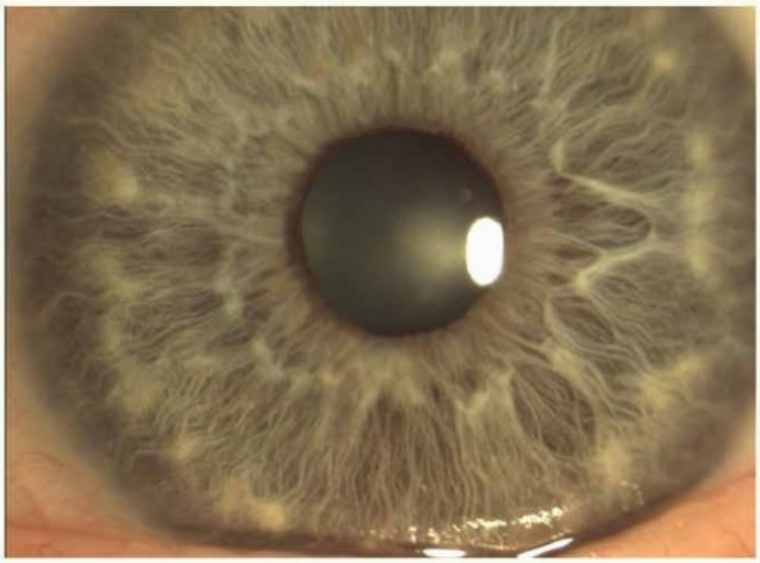


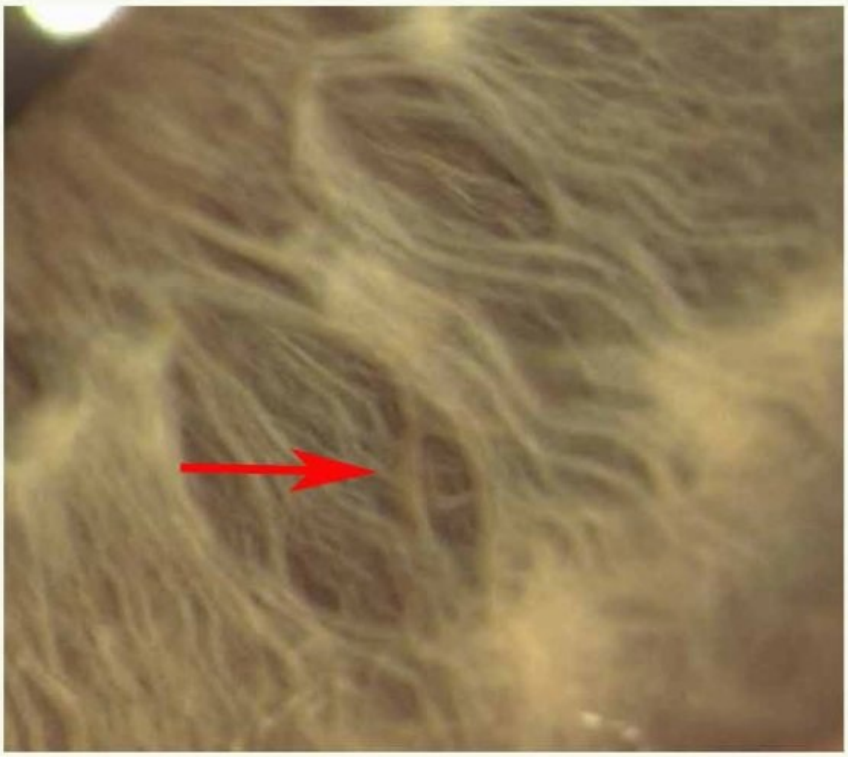


**Small lacunae wedged into the collarette at 08:00 and 09:00 o'clock and brown pigment**

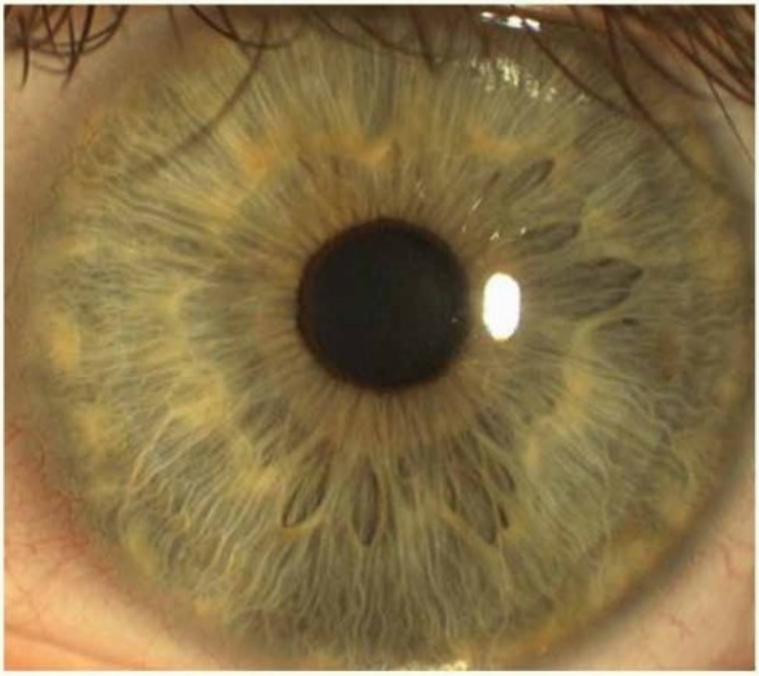


**Aligned lacunae in the temporal sector of the right iris. Several perifocal signs: dark pigment on the ciliary border at 09:15 o' clock (sixth circular ring), light blue halo and suffused brown impregnations in the sclera**

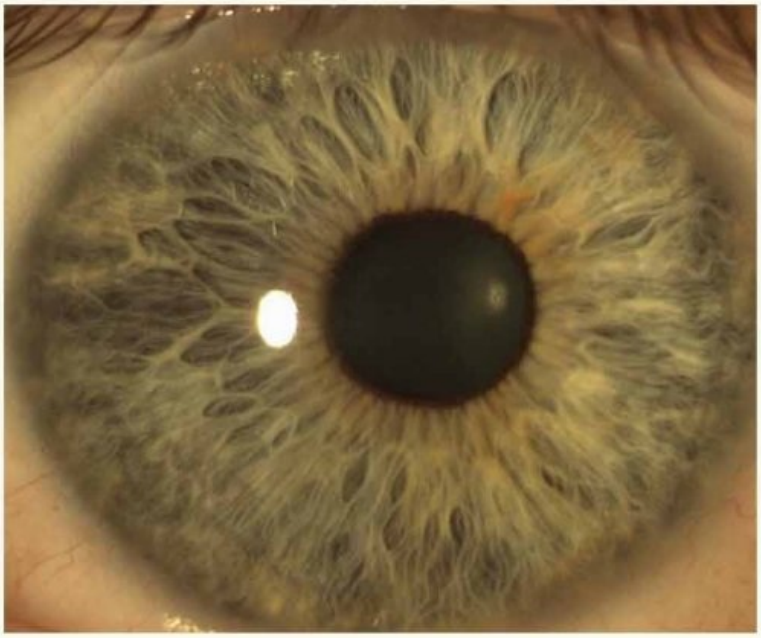


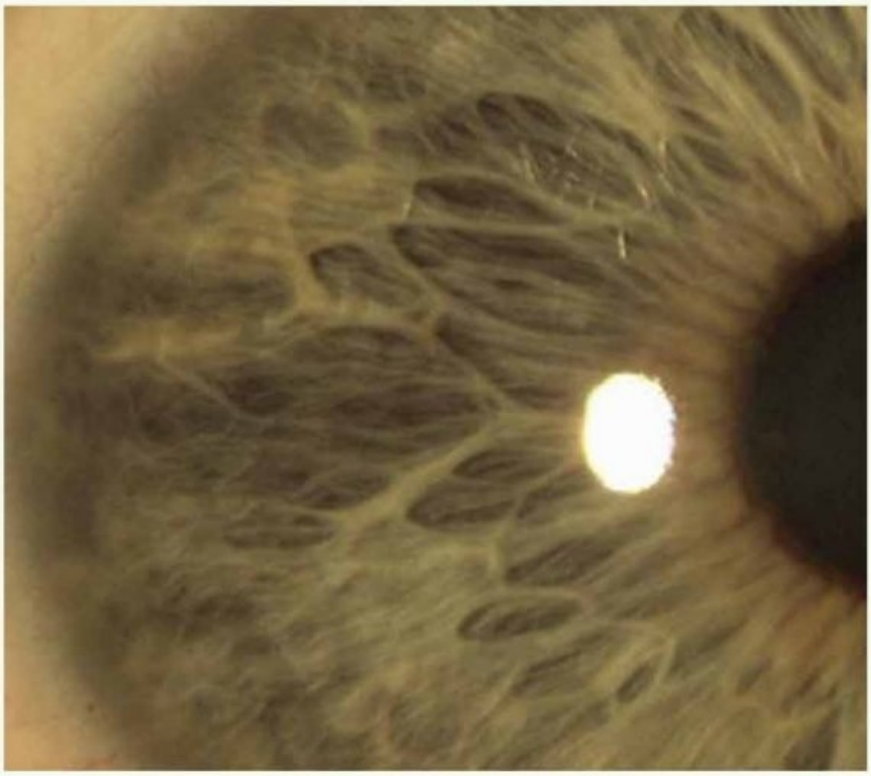


**Vascularized fiber inside a lacuna at 05:00 o'clock**



**Right iris. Thinned-out areas in the medial visceral sector, swollen bright fibers at 07:00 – 08:00 o'clock, tophi in peripheral areas. Amber-colored first circular ring. Temporal and visceral areas of the second cicular ring (intestinal ring) thinned out by lacunae**





**Right iris. Lacunae and thinning in the temporal sector**

# Deepness of Lacunae

According to the German school (Deck), the deeper the lacuna, the more serious the defect.

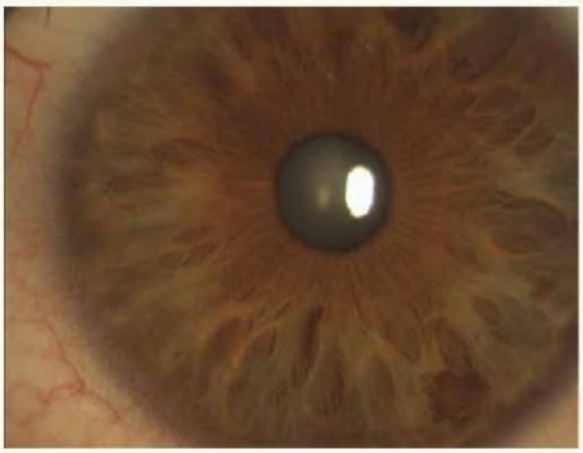
There are three stages in the evolution of lacunae:

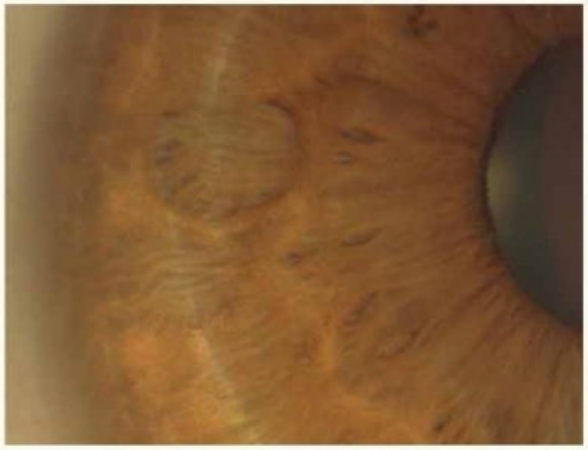
Superficial stage. No loss of substance. Fibers delimiting the lacuna are larger than the ones forming the texture. The presence of bright-colored or silver fibers is a sign of acute inflammation.

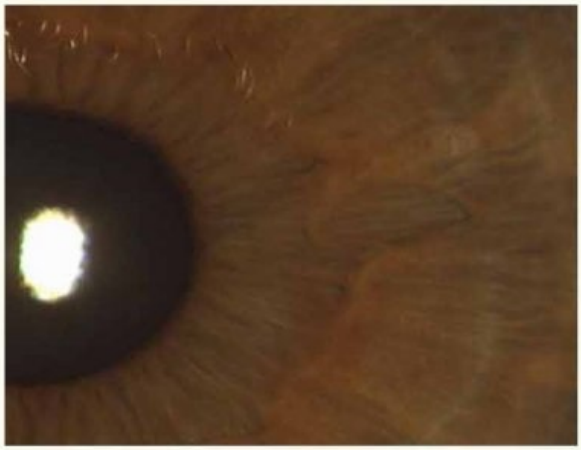
Intermediate stage. Partial loss of substance. If the process is recent, the lumen base is of a light color. In case of chronicization the lumen is darker.

Final stage. Complete loss of substance down to the basement layer. Black-colored lumen. Degeneration of tissues.

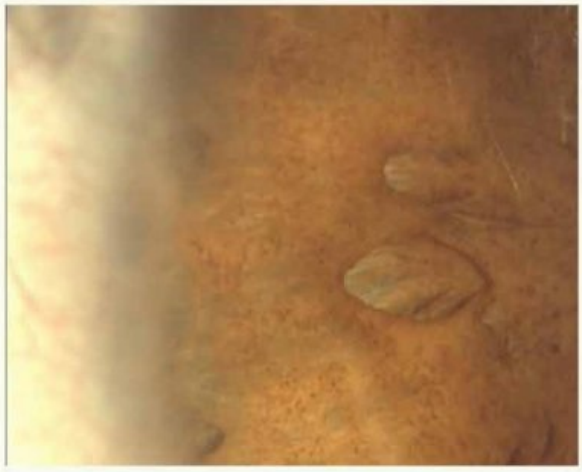
## First-stage lacunae



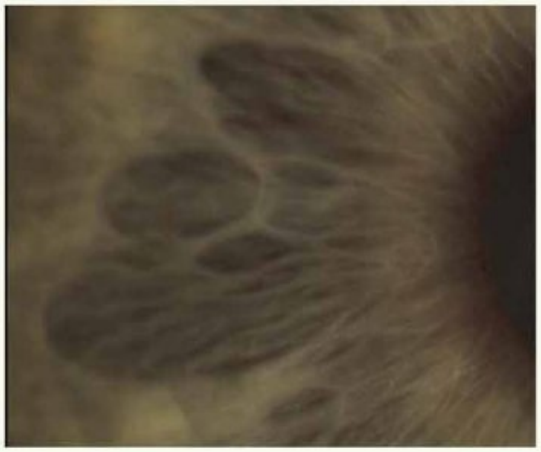




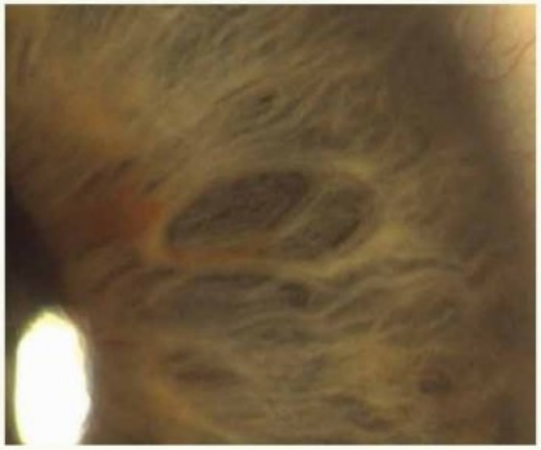
## Second-stage lacunae



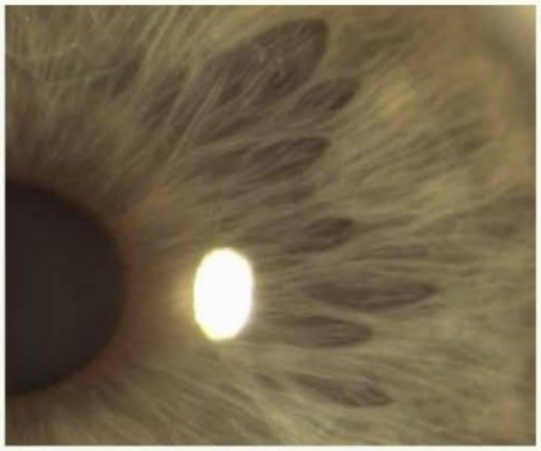
## Third-stage deep lacunae



**Aligned stairstep-like lacunae with deep and wide thinned-out areas in the inside**



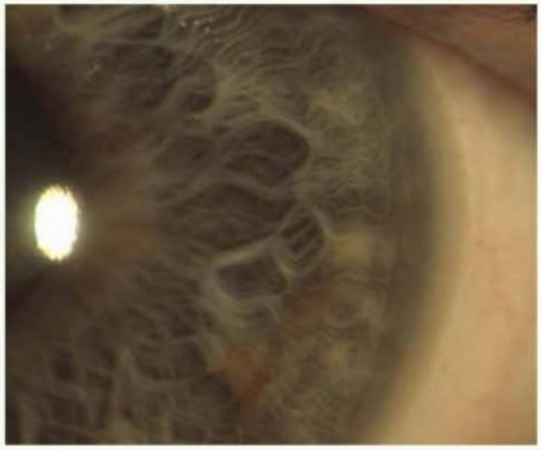
**Deep double lacuna with a dark background. Lacunae' edges impregnated with brick-colored pigments and bright tophi**



**Cluster of deep lacunae extending in the lateral portion of the collarette**

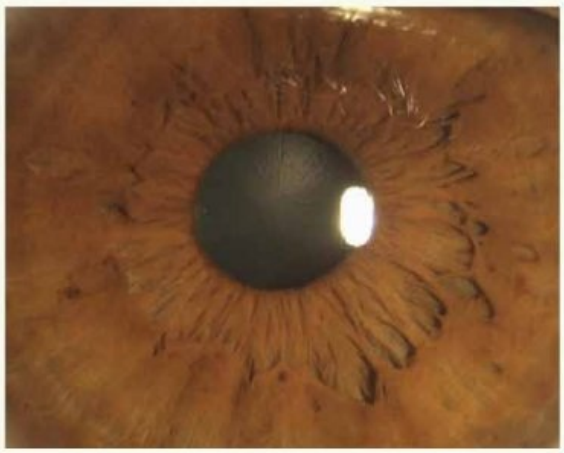
# Third-stage deep lacunae

**Open lacunae delimited by swollen fibers. Deep thinning of the inside lumen.**

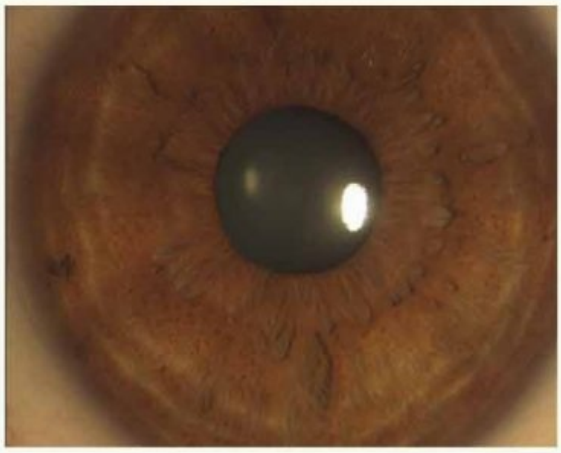


**Wide lacunae with bright colored edges in the intestinal ring. Dark background due to thinning.**

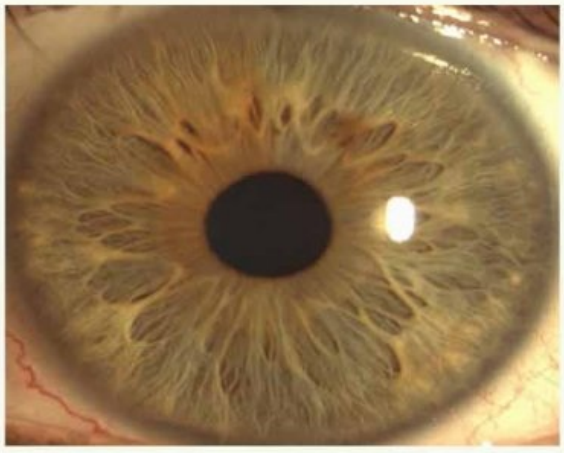
**Deep thinnig of texture.**



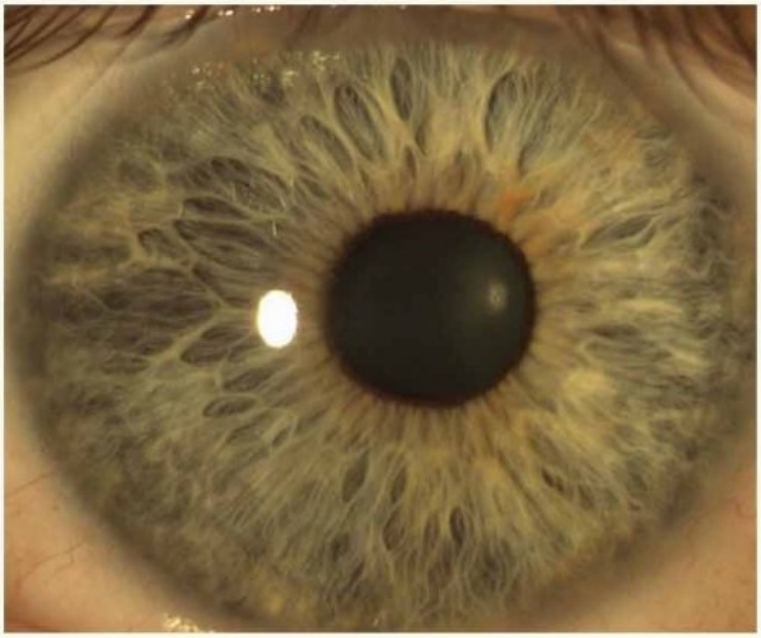
**Right iris. Deep lacunae along the small intestine zone**

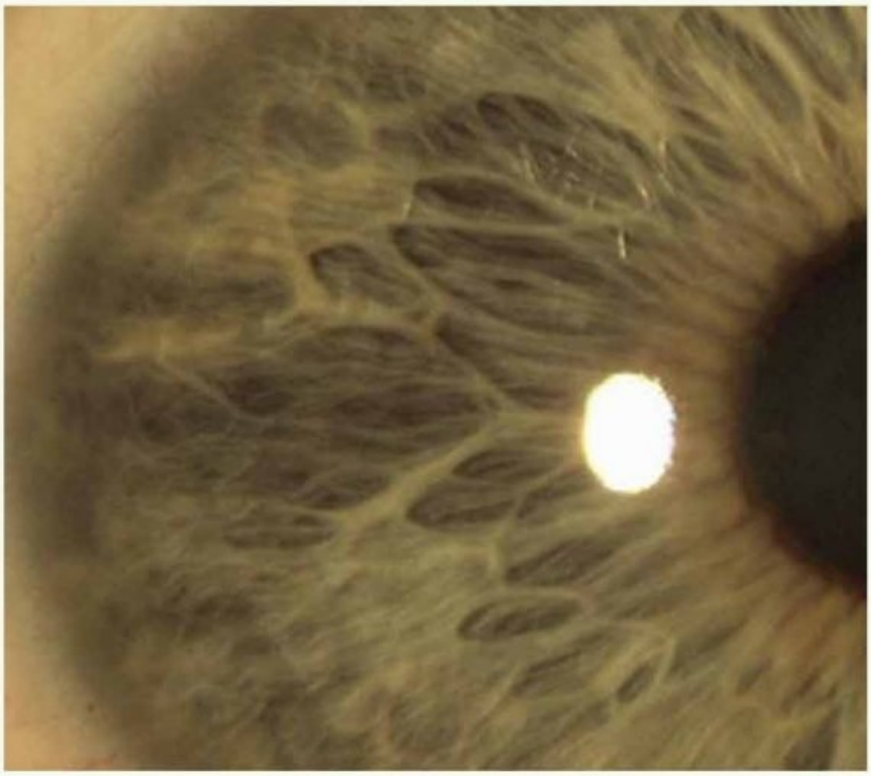


**Left iris. Small lacunae along the sigmoid colon zone. Wide lacuna in the rectum zone**

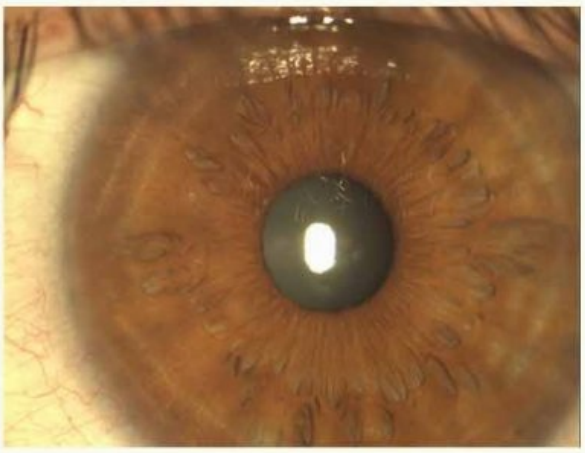


**Left iris. Wide lacunae scattered all over the intestinal zone**

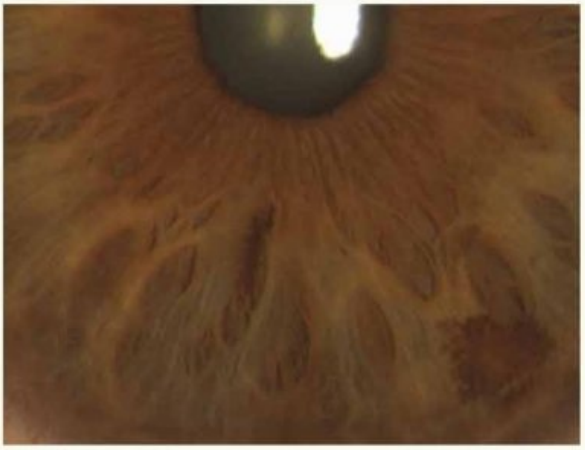




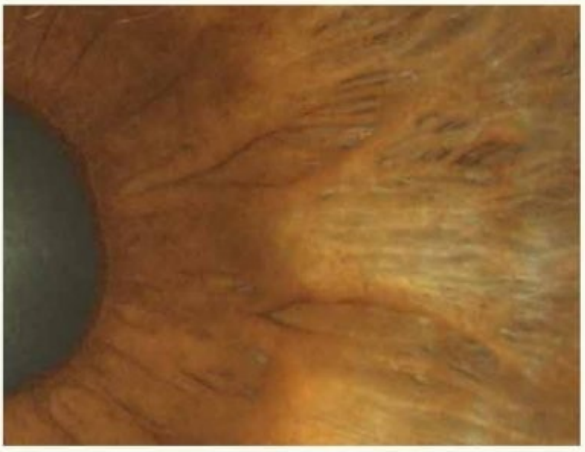
**Right iris. Lacunae and thinning in the temporal sector**



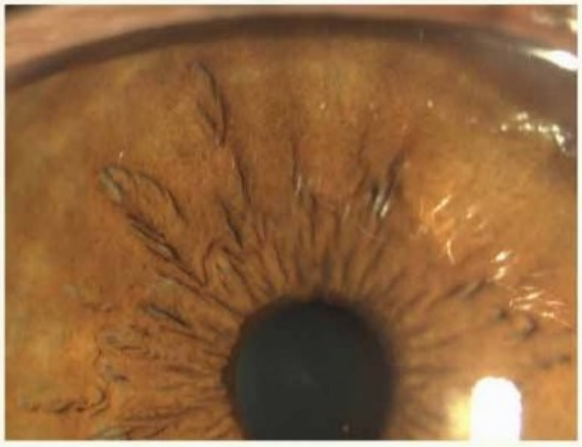
**Second-stage lacunae encircling the third circular ring**



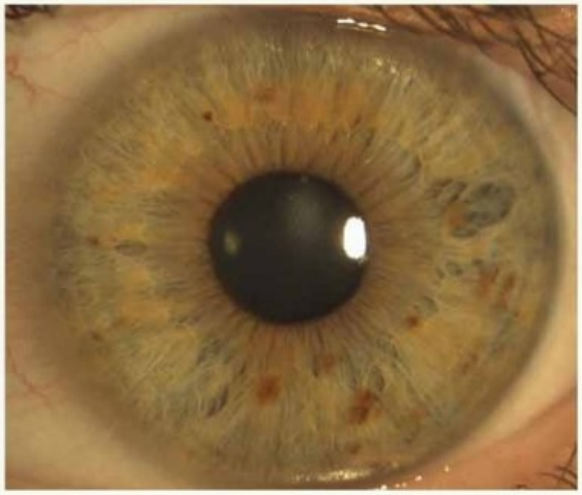
**Multiple lacunae impregnated with brown pigments in the visceral sector**



**Beak lacunae wedged into the autonomic nerve edge and roof tile-like lacunae into the ciliary body. Bright fibers and thinned-out texture**

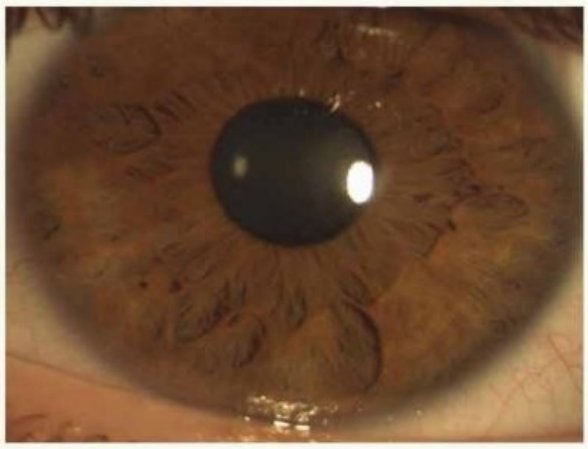


**Frontal sector.**
**Open lacunae (leaf lacunae) in the brain zone**

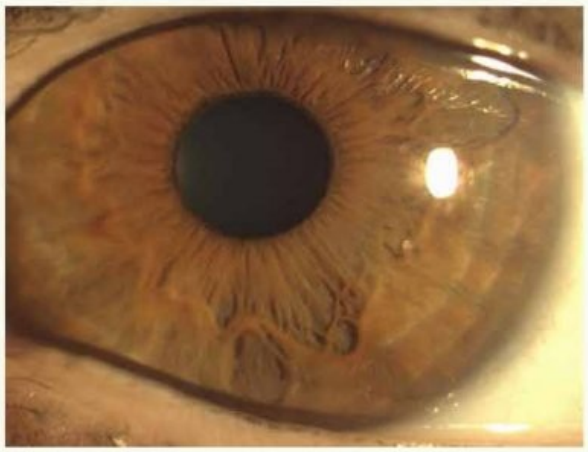


**Left iris.**
**Wide deep lacuna flanked at its base by two small lacunae adjacent to the collarette in the temporal sector (heart zone)**

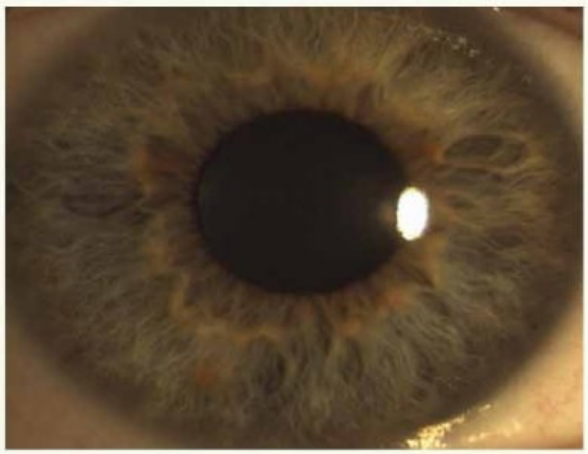
**Second-stage giant lacunae in the visceral sector (pancreas zone)**



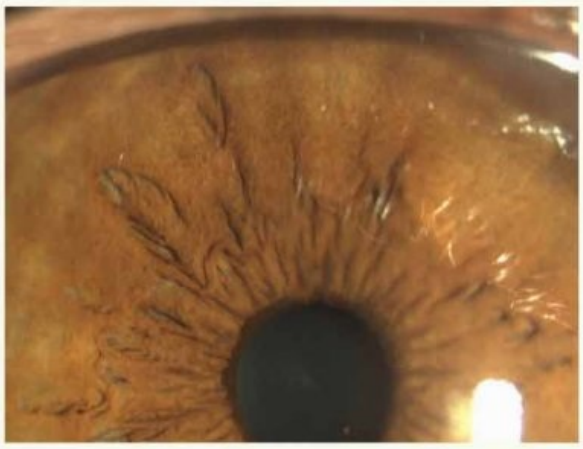
**Cluster of wide second stage lacunae in the visceral sector**



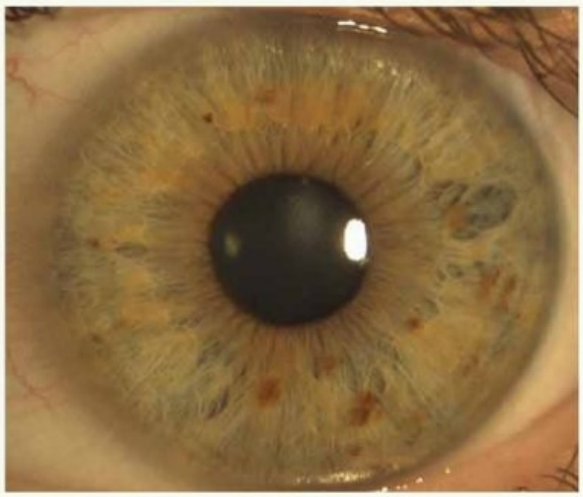
**Left iris**
**Wide lacuna adjacent to the collarette at 03:00 o'clock.**
**Two second-stage lacunae in the visceral sector**



**Deep lacunae at 03:00, 06:00 and 09:00 o'clock**

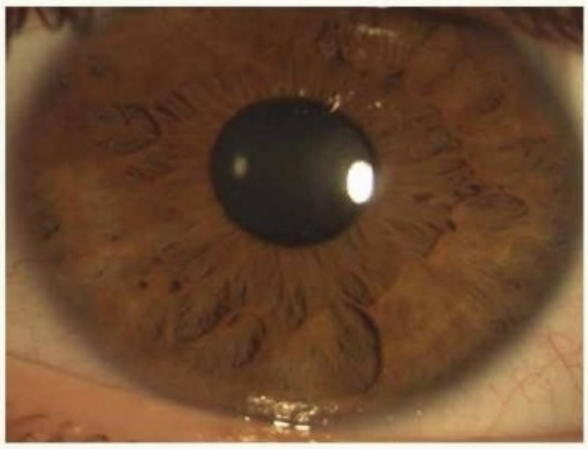


**Frontal sector.**
**Open lacunae (leaf lacunae) in the brain zone**

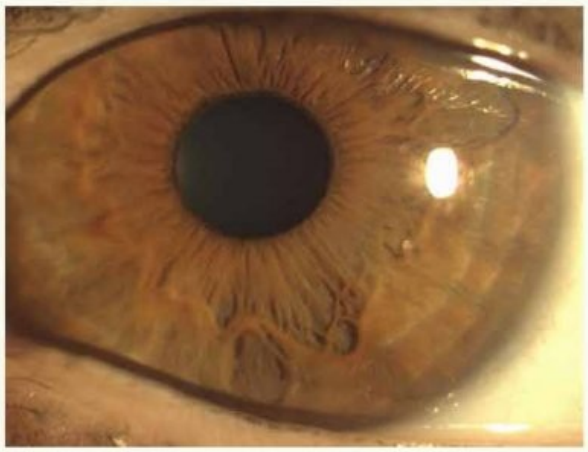


**Left iris.**
**Wide deep lacuna flanked at its base by two small lacunae adjacent to the collarette in the temporal sector (heart zone)**

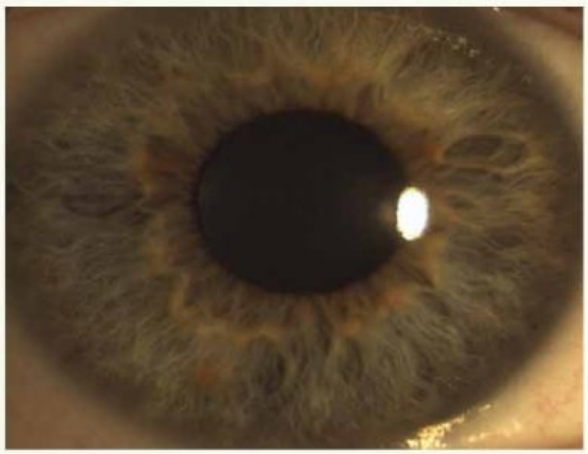
**Second-stage giant lacunae in the visceral sector (pancreas zone)**



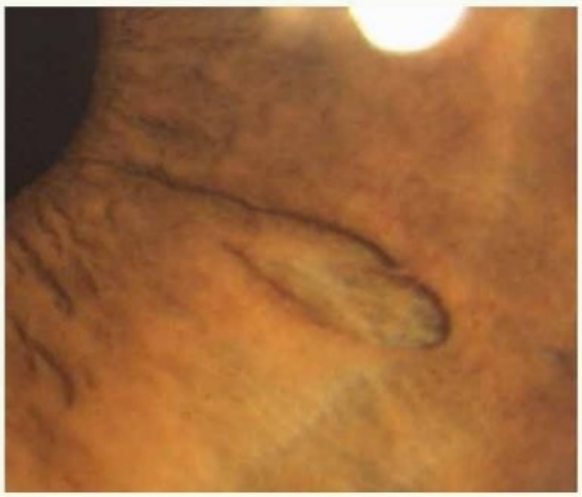
**Cluster of wide second stage lacunae in the visceral sector**



**Left iris**
**Wide lacuna adjacent to the collarette at 03:00 o'clock.**
**Two second-stage lacunae in the visceral sector**



**Deep lacunae at 03:00, 06:00 and 09:00 o'clock**



**Torpedo lacuna**

**Torpedo lacuna**

**Open stairstep lacunae**

**Leaf lacuna**

**Roof-tile lacuna**

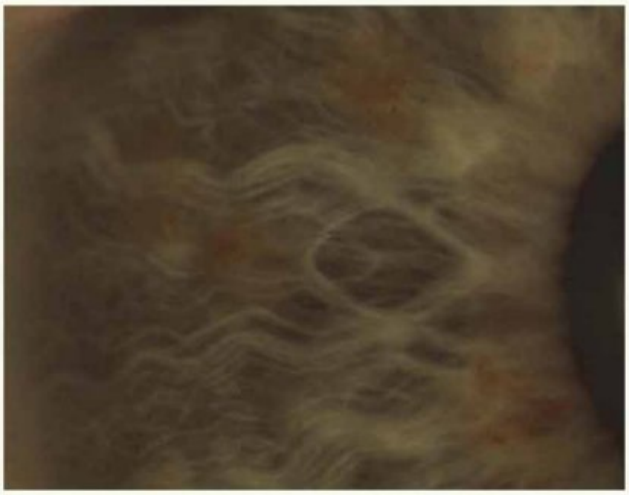
**Half lacuna**

**Leaf lacuna**

**Double beak lacuna**

**Triple beak lacuna**

**Double leaf lacuna**



**Wedge lacuna**

**Silver fibers inside a lacuna**

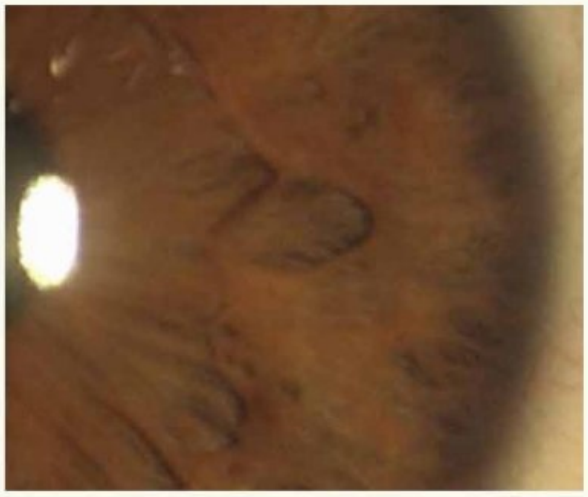
**Pair of open leaf lacunae**

**Leaf lacuna**

**Stairstep lacuna**

**Beak lacuna**

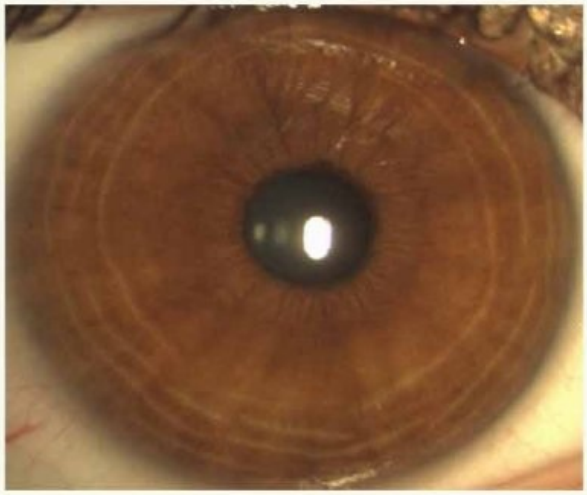
**Grape lacuna**



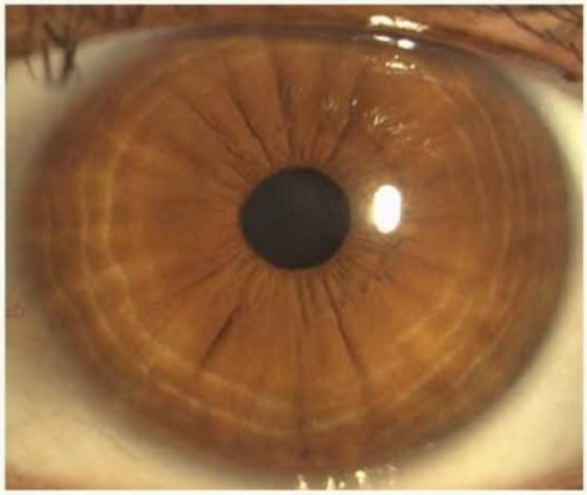
**Iodine lacuna**

# Cramps and Contractions

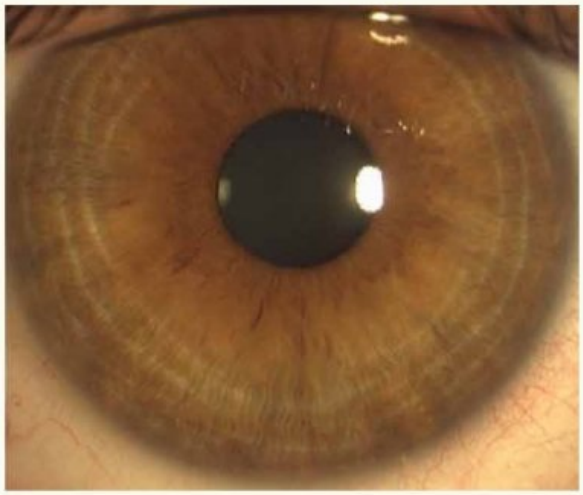
Radial or circular furrows embedded in the iris texture.
Circular furrows or rings are concentric to the pupil and are called contraction rings, tetanic rings, spasm rings or cramp rings. Radial furrows are also called radii solaris or iris rays. These signs characterize the spasmodic iris type.



**Contraction rings**



**Contraction rings.**
**ightening of**
**texture.**
**Radii solaris.**



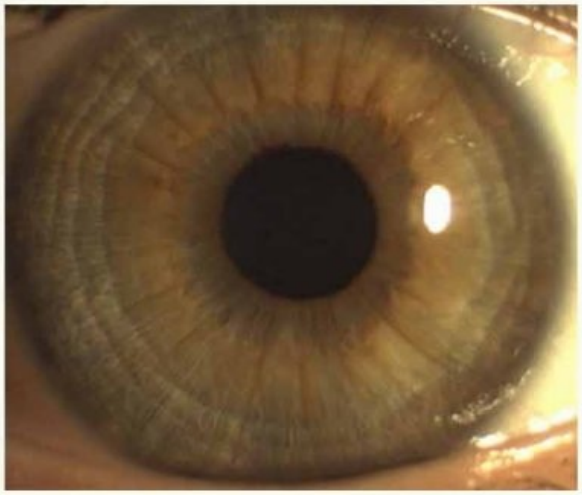
**Deep and**
**segmented**
**contraction**
**arcs.**

# Contraction Rings (tetanic rings)

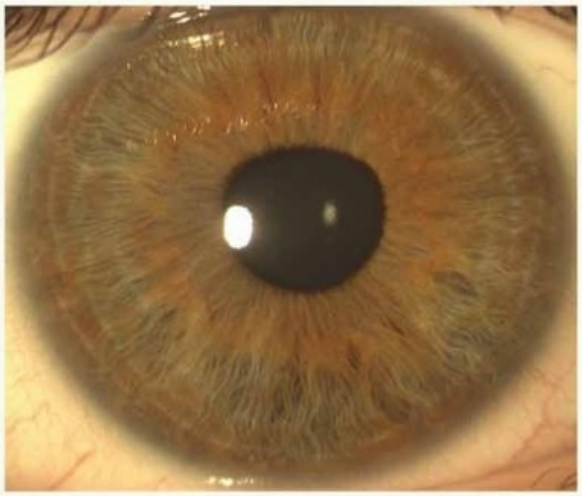
Tetanic rings. Circular concentric furrows located in the ciliary body. They indicate a predisposition to spasms and contractions and relate to heart neurosis, anxiety somatization, panic attacks, sleep disorders. They cross wide sectors of the iris; the starting and ending point to fathering indicate the main organs affected. The more the rings are, the stronger the predisposition to spasmophilia is. Rings located close to each other or even covering the whole iris circumference are considered as a worsening sign.

Concentric rings. More than one ring in the same area indicate a predisposition to spasmophilia in the corresponding organs. Intersecting rings. They indicate spasms in the intersecting point. Ring inside the collarette. It is called tachyphagic ring. Gastric and gastro-intestinal spasms.

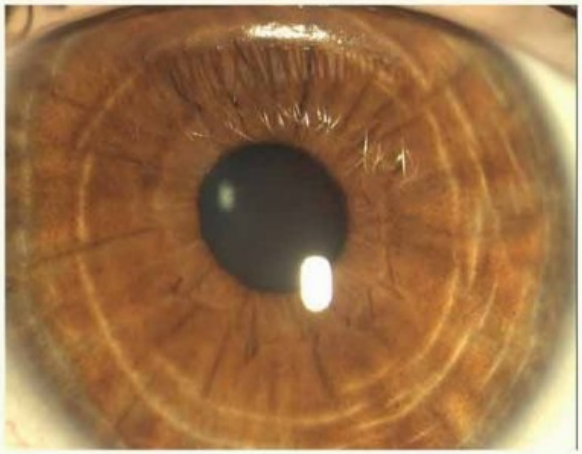
Oppression rings. More than one contraction ring with a vertical orientation enclosing the lateral sectors (temporal and nasal). Heart and respiratory oppression, asthma, bronchial spasm.



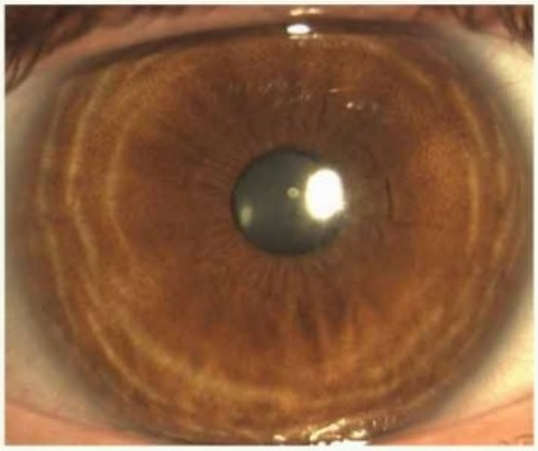
**Deep, wavy contraction arcs associated with radii solaris**



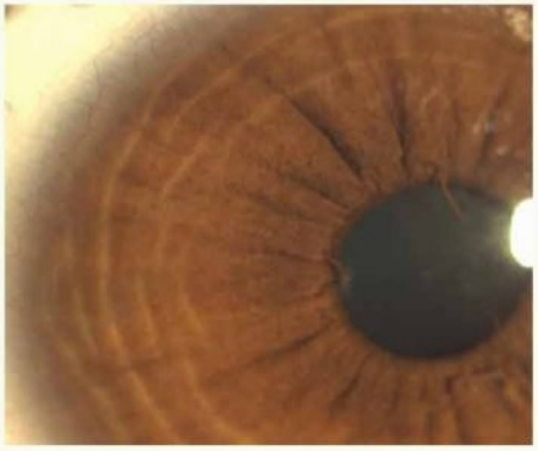
**Pupillary flattening in upper area, outer contraction arcs**



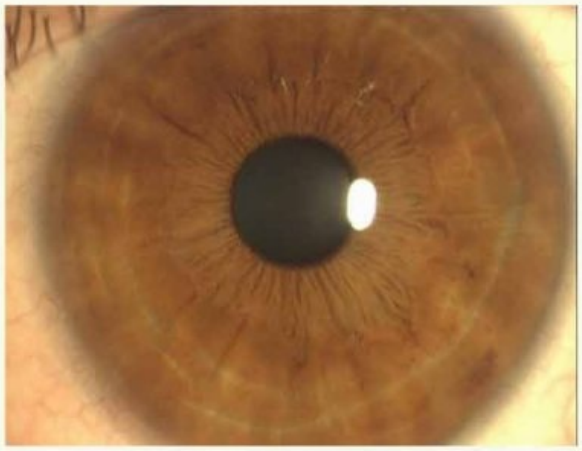
**Sloping ovalization of the pupil. Segmented vertically-oriented arcs**



**Deep, segmented contraction arcs, vertically-oriented in the lateral sectors, associated with texture lightening**



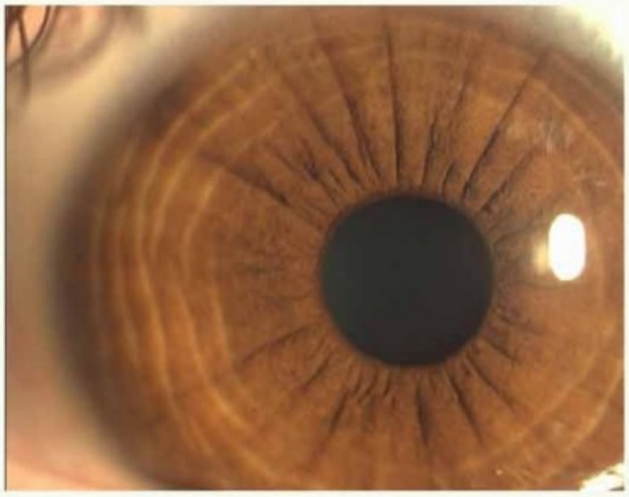
**Contraction arcs, radial furrows, lightening**



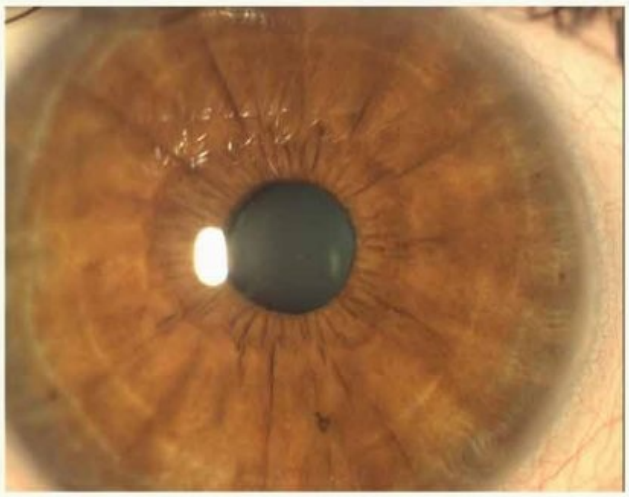
**Outer contraction arcs, lightening**

# Radii Solaris

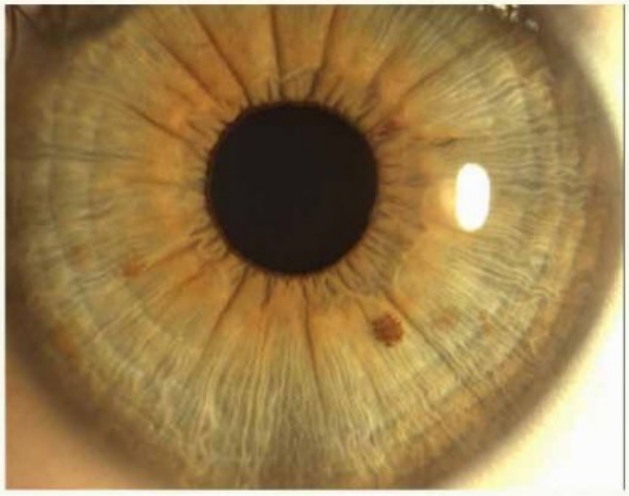
Radial contraction furrows starting from the pupillary border or from the autonomic nerve wreath.
The radii solaris starting from the pupil are called radii major while those starting from the wreath are called radii minor. Radii major reveal a greater predisposition to spasmophilia whereas radii minor relate to digestive spasmophilia. Radii solaris indicate a predisposition to headache, physical or mental breakdown, decrease of attention and memory. The radii major starting from the brain zone of the pupil and reaching the frontal sector indicate a predisposition to digestive headache. The radii minor starting from the wreath in the frontal sector associated with contraction arcs reveal a predisposition to endocrine disorders (hypophysis, epiphysis).



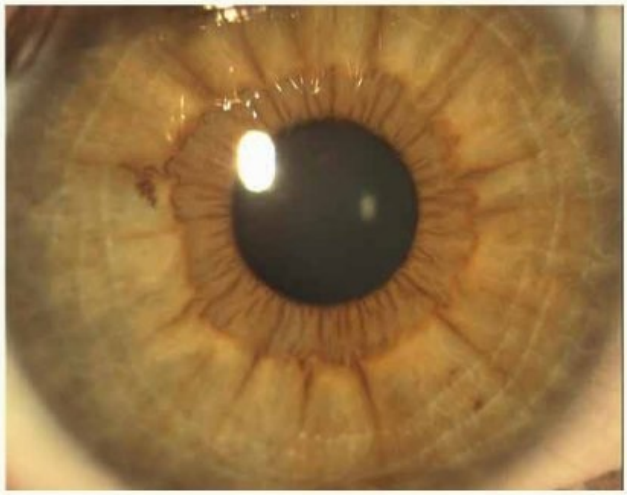
**Radii major mainly involving the frontal sector. Deep, segmented contraction arcs**



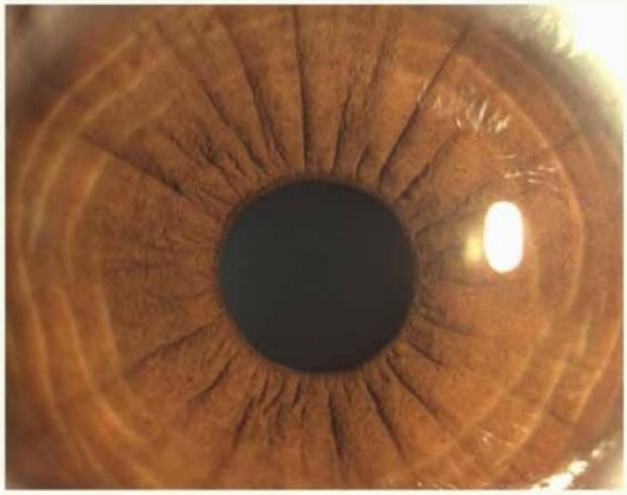
**Upper radii solaris starting from the wreath and involving the whole ciliary body**



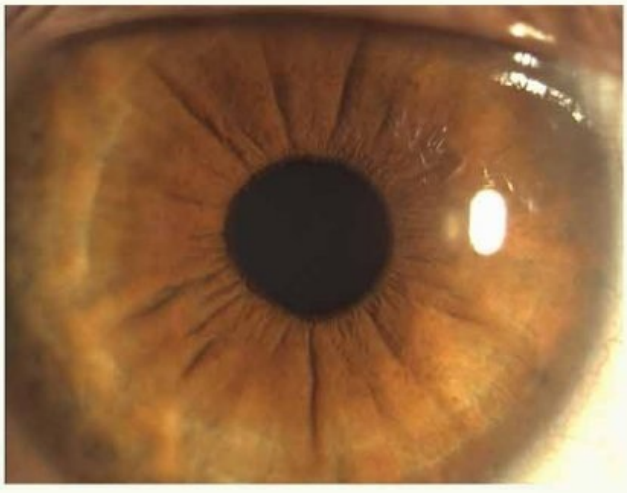
**Deep, laminal radii major in neurogenic iris**



**Contraction rays starting from the wreath**



**Flattened autonomic nerve wreath. Radii major in the frontal sector. Segmented contraction arcs**

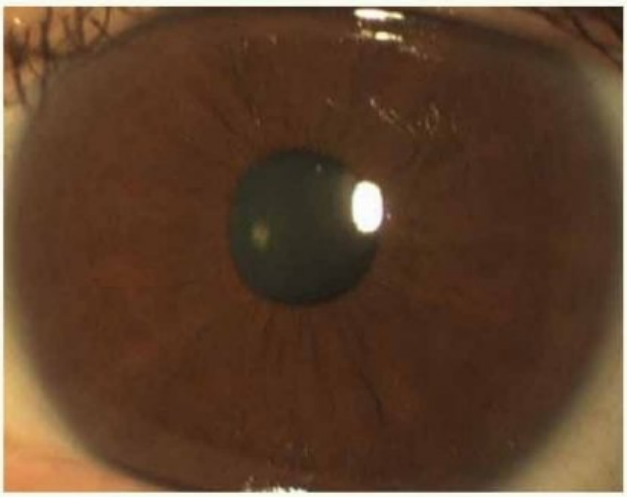


**Flattened autonomic nerve wreath. Radii major**

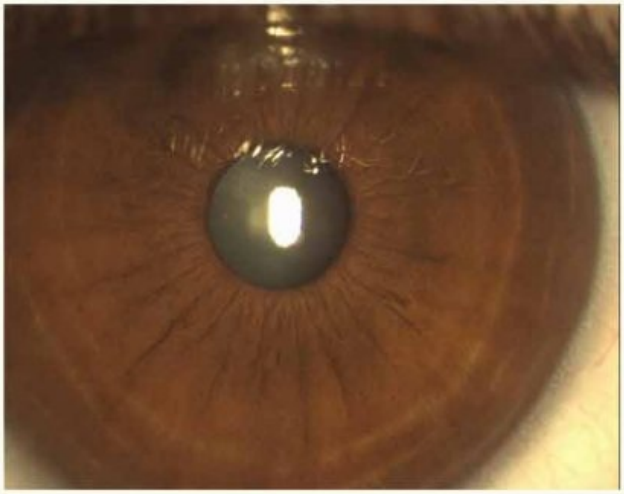
# Spots, Pigments, Chromatic impregnations

Spots, pigments and chromatic impregnations are small to large areas with different color than the basic iris color.
They can appear in different shapes, colors, dimensions. For a better understanding of these important iris sign, it is worth to remind the main classification of the iris according to its basic color: clear iris, lymphatic constitution, dark iris, hematogenic constitution; intermediate color, biliary constitution. Spots, colors and impregnations extend over the constitutional colors.

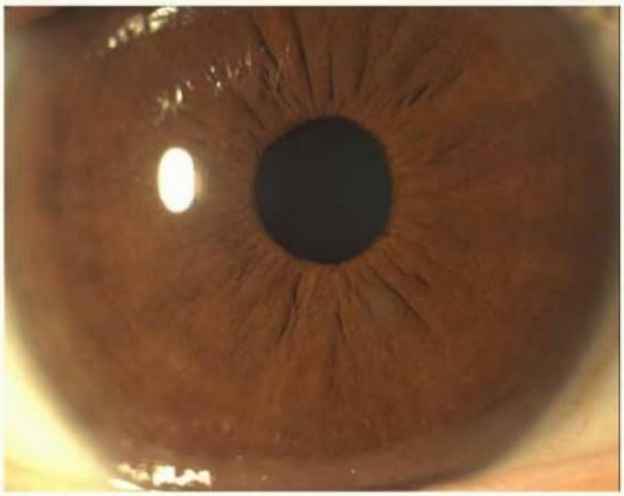
# Hematogenic constitution



**Dark iris with silky surface. Hematogenic iris**

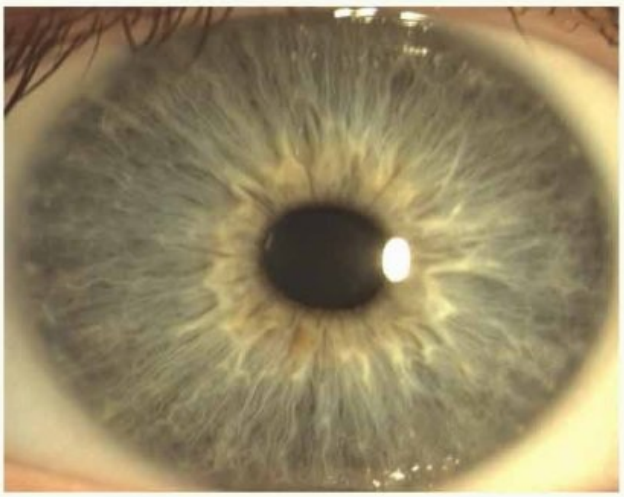


**Dark iris with compact surface. Outer contraction arcs. Hematogenic iris**

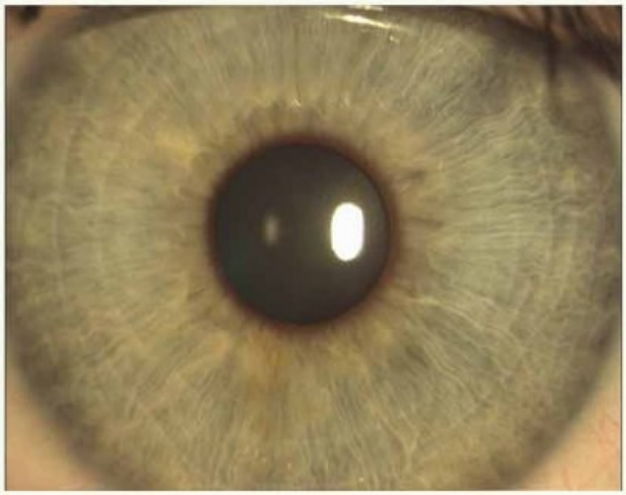


**Dark iris. Hematogenic**

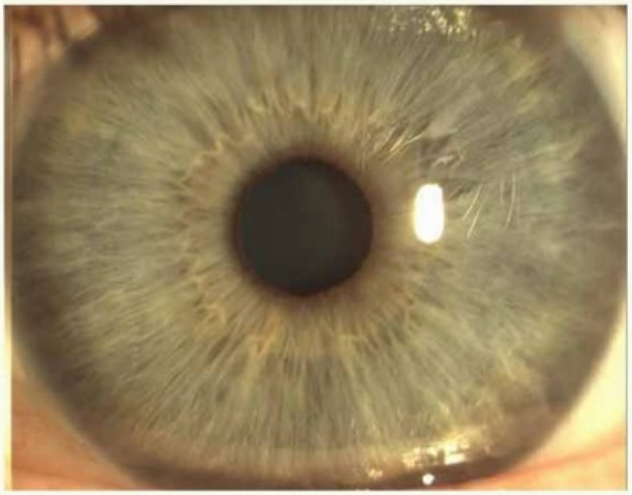
# Lymphatic constitution



**Light-colored iris. Lymphatic constitution**

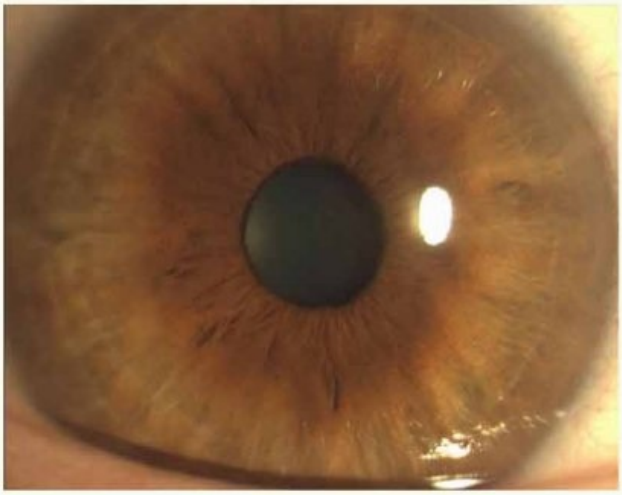


**Light-colored iris, contraction arcs, neurasthenic ring. Lymphatic constitution**

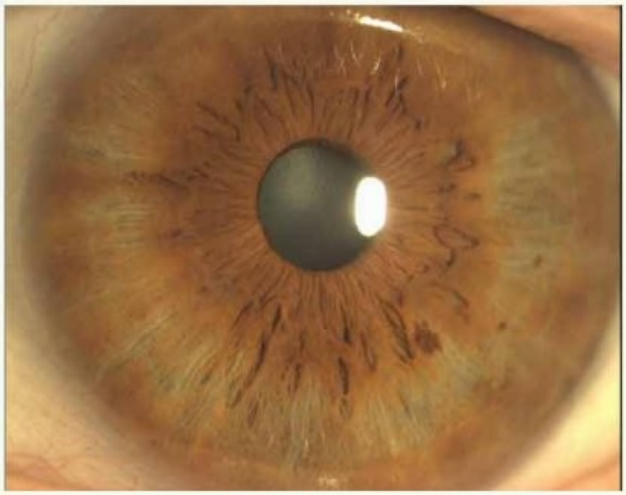


**Light –colored iris, straight compact fibers. Lymphatic constitution**

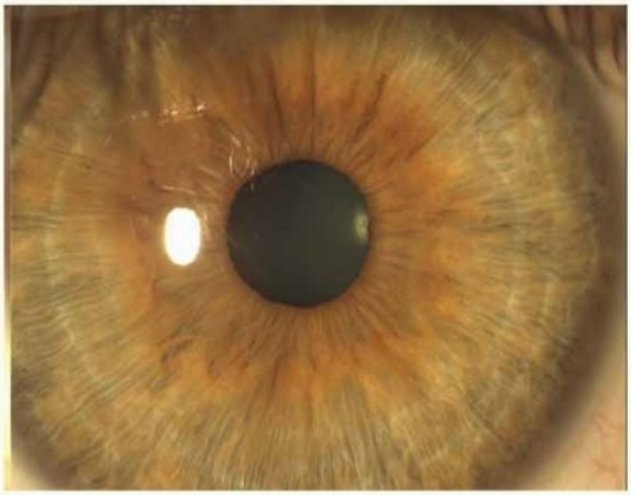
# Biliary constitution



**Brown central area: collarette, hazelnut-brown: ciliary body. Biliary constitution**



**Two shades of brown: dark central area, light-colored ciliary body**



**Two bright shades of brown**

# Classification of Pigments

The five main pigment categories are: urosein, rufin, porphyrin, melanin, gastrin. In addition, other pigments can be identified which characterize the organs they are related to.

UROSEIN PIGMENT. Light yellow pigment impregnating wide iris areas through which the iris texture remains visible. It is a result of oxidized carotenoids accumulation. It is related to kidney overload and depurative urinary suffering (calculosis, gout, kidney failure). A dirt yellow color or yellow tophi point to a predisposition to allergies.

RUFIN PIGMENTS. Reddish or red brick pigments. Rufin is a derivative of fat transformation (isoprene oxidation). It is a sign of predisposition to liver and pancreas disorders, predominance of oxidation processes, surplus of free radicals, tissue intoxication.

PORPHYRIN PIGMENTS. Dark brown pigments deriving from pyrrole, a product resulting from hemoglobin degradation. They indicate liver disorders and can appear in all iris sectors. The presence of porphyrin pigments is related to a bad conversion of hemoglobin. Hazelnut pigments turning brown are interpreted as a worsening sign.

GASTRIN PIGMENTS. Salmon pink or reddish-orange pigments appearing inside the collarette in the shape of a ribbon or lozenge. They are related to stomach conditions.

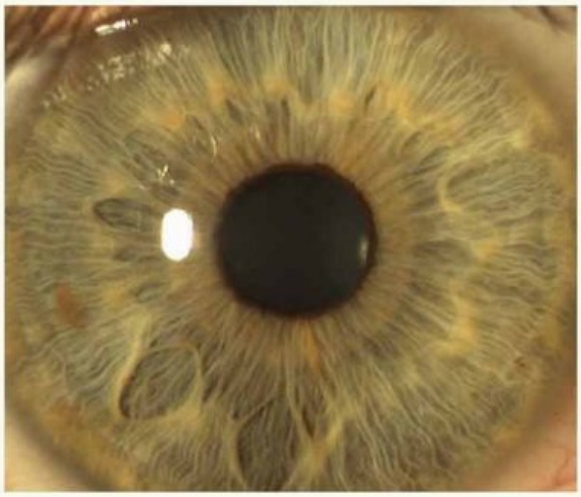
MELANIN PIGMENTS. Brown or black pigments deriving from the transformation of the tyrosine and phenylalanine amino acids. They are similar to moles. Solitary pigments relate to the organ reflected in the sector in which they appear. They indicate predisposition to degenerative disorders.

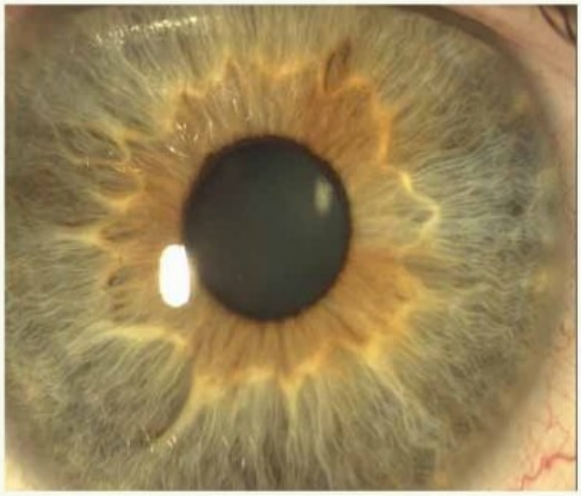
ORGAN-RELATED PIGMENTS. Two well-characterized small pigments located respectively in the gastric ring or collarette and in the visceral sector are specifically related to stomach and uterus. A salmon pigment in the shape of a ribbon (in the collarette) is typical of stomach disorders while a pink pigment (in the visceral sector) points to minor disorders of the uterus. COLORS AND ORGANS. Iris color can be associated with a suffering organ: brown is related to liver, orange to pancreas, yellow to kidney, dark brown or black to mucosae and glands.

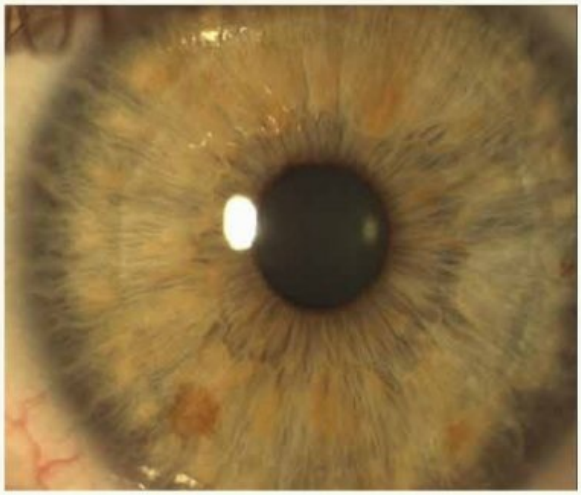
LOCATION, NUMBER, COLOR. A solitary pigment appearing on a uniform iris color has more significance than the presence of several pigments. The location of the solitary pigment can help identify the suffering organ. When

several pigments are distributed in more than one area, it is the pigment color that can help detect weak points.

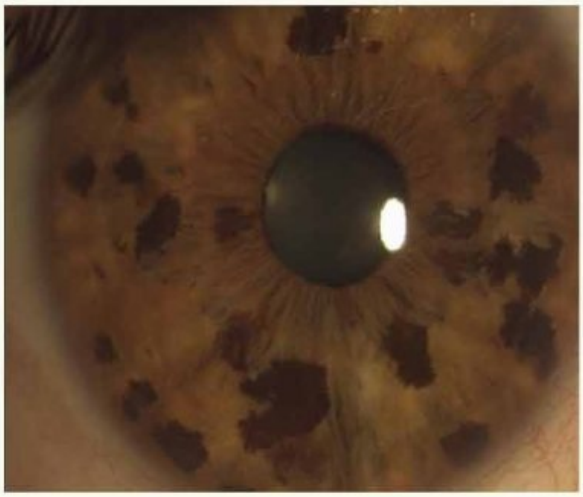
# UROSEIN

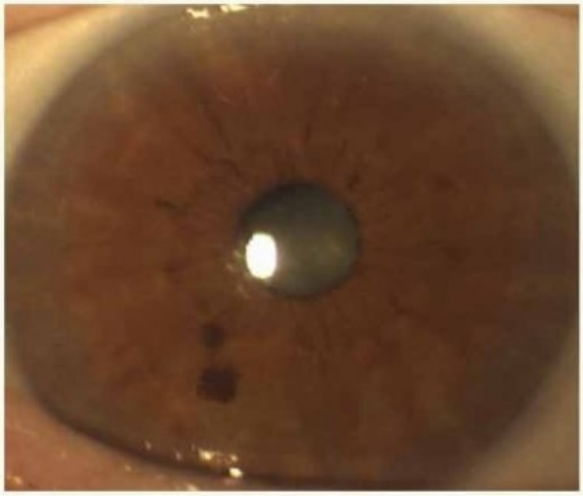


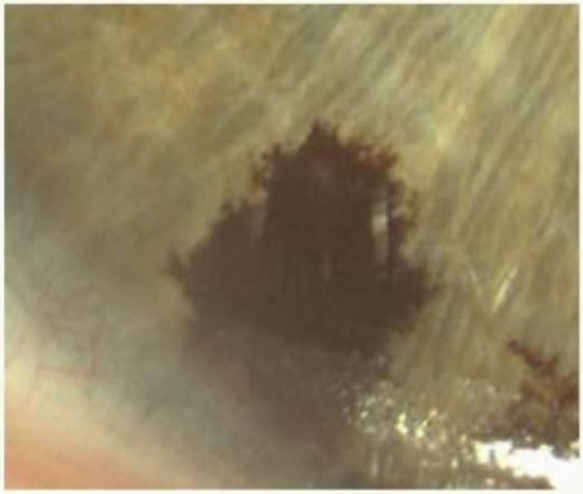




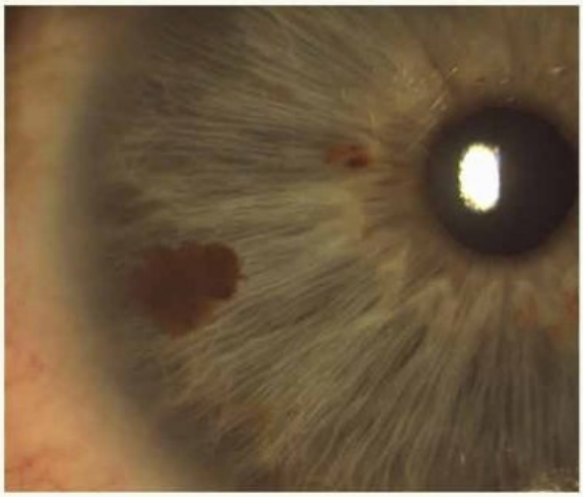
# PORPHYRIN

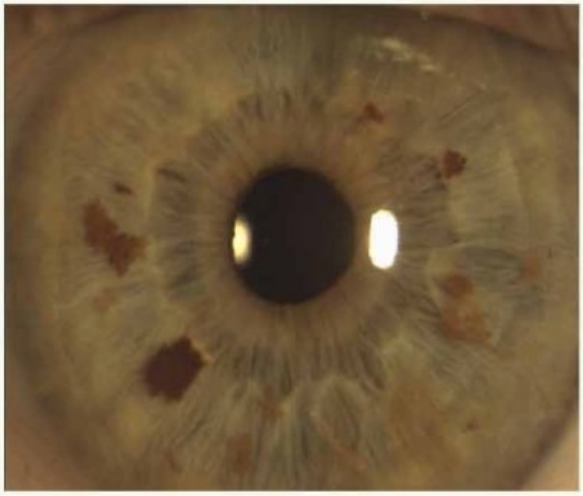


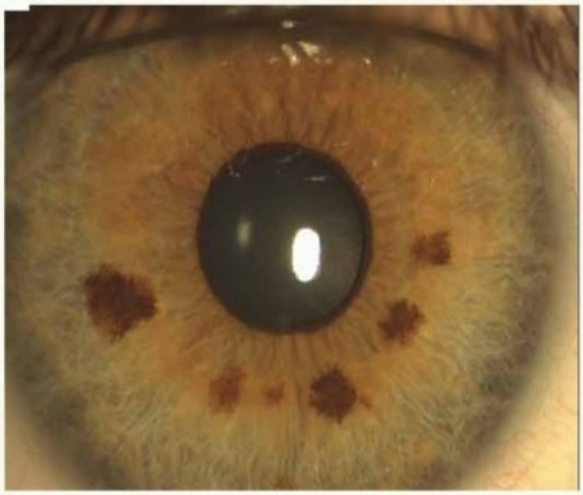




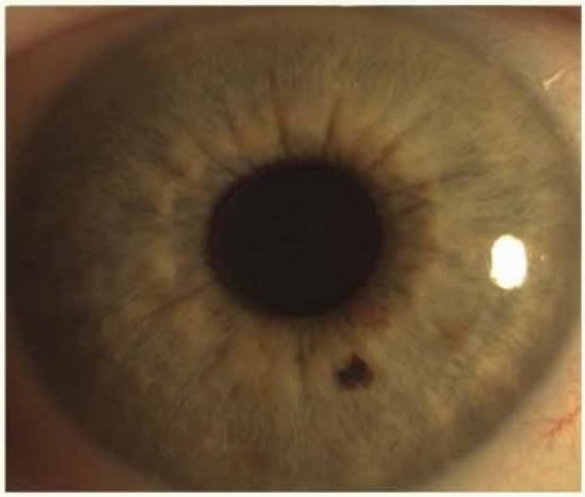
# RUFIN

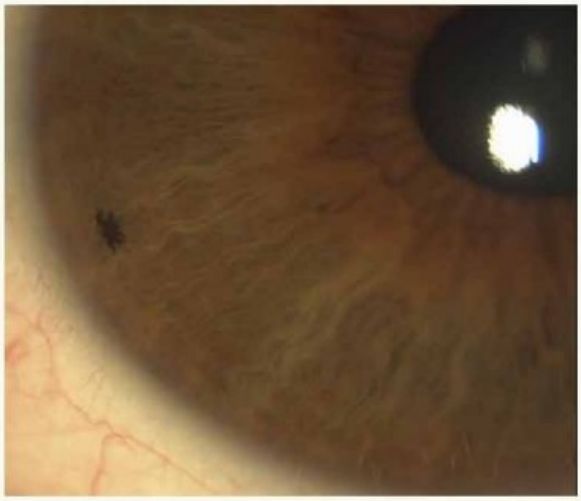


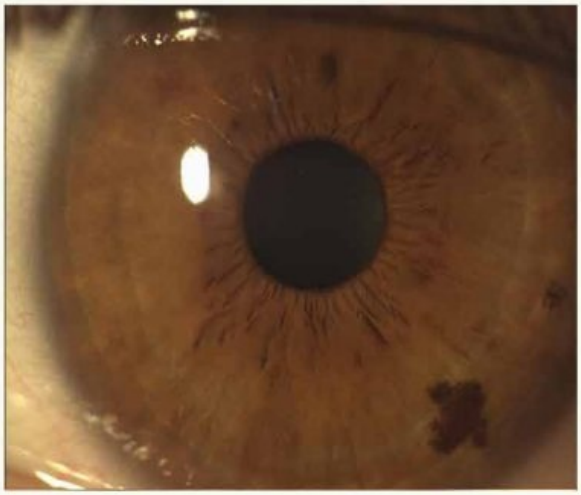




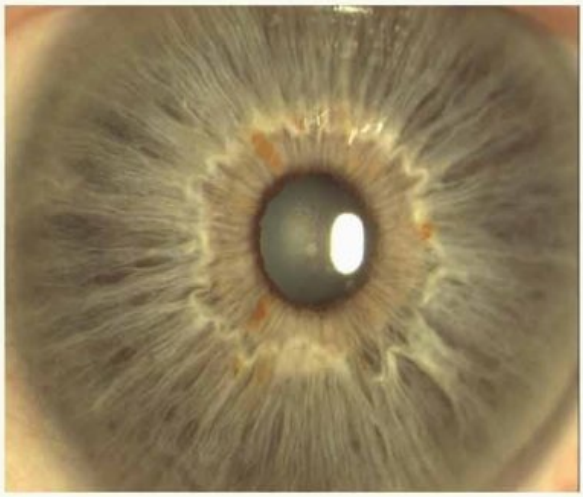
# MELANIN

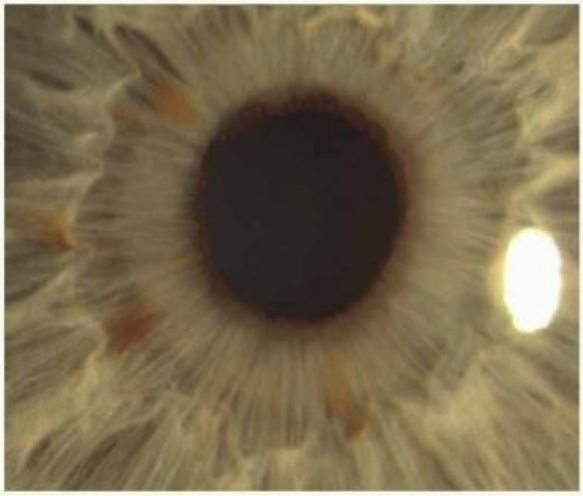


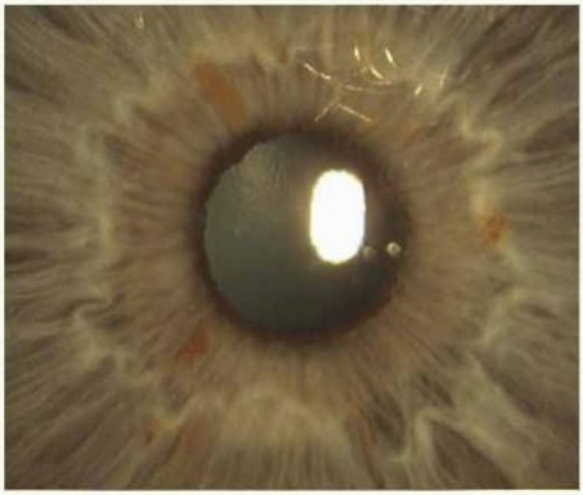




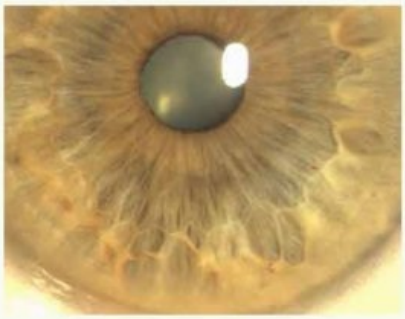
# GASTRIN





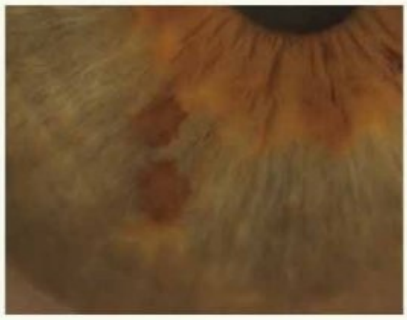


# Colors and organs



**Yellow: kidney**

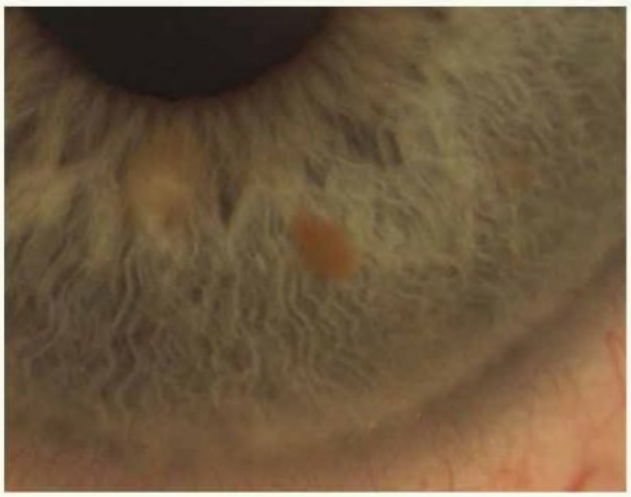
**Orange: pancreas**



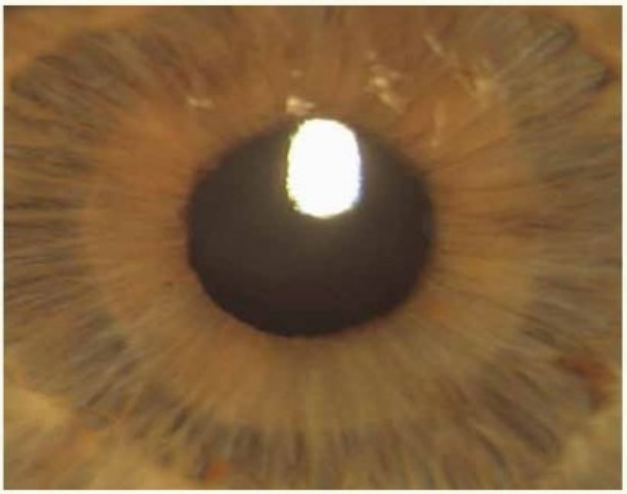
**Brown: liver**

**Dark brown, black:**
**mucosae**
**and glands**

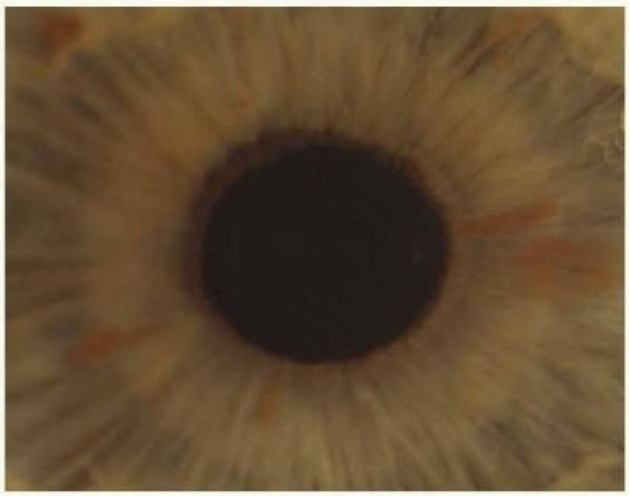
# Specific markings



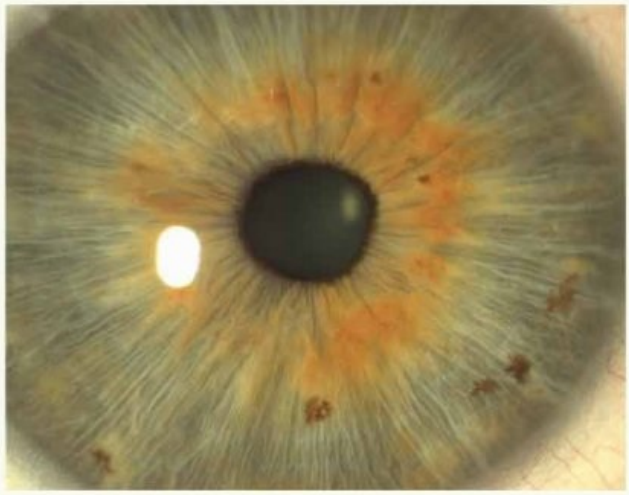
**Pink orange pigment in the visceral sector: uterogenic pigment**



**Lighted, bright first ring: stomach**

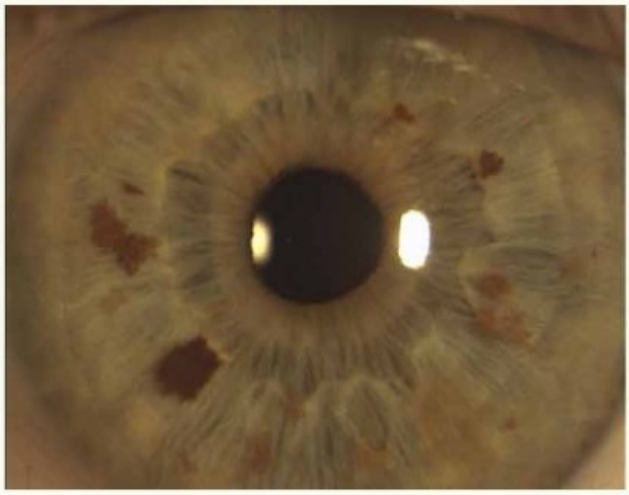


**Salmon-colored pigments in the first ring: stomach**



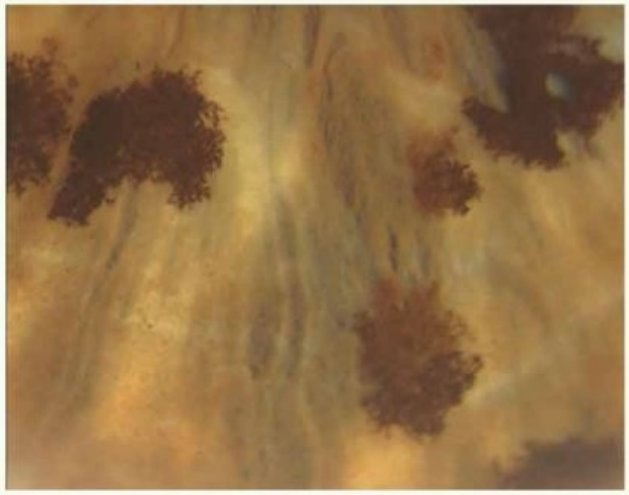
**Right iris. Bright orange pigmentation of neurovegetative ring and third circular ring at 00:00 – 06:00 o'clock**

**Enlarged, prominent autonomic nerve ring impregnated by a bright ochre-yellow pigmentation. Wide brown spots with blurred margins in the ciliary body**

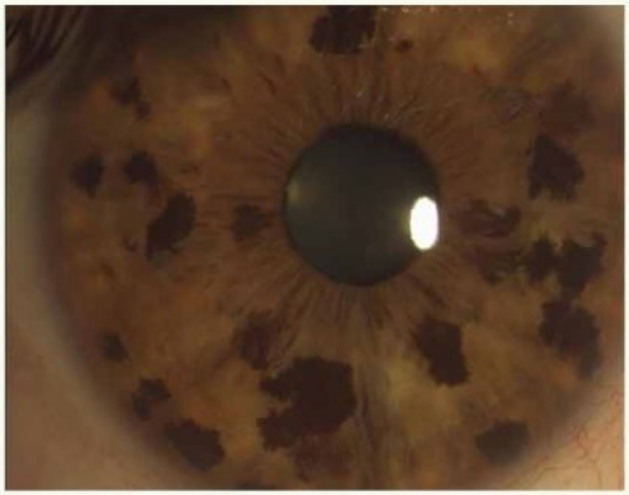


**Dark brick-red spot (rufin) in the third circular ring at 07:30 o'clock**

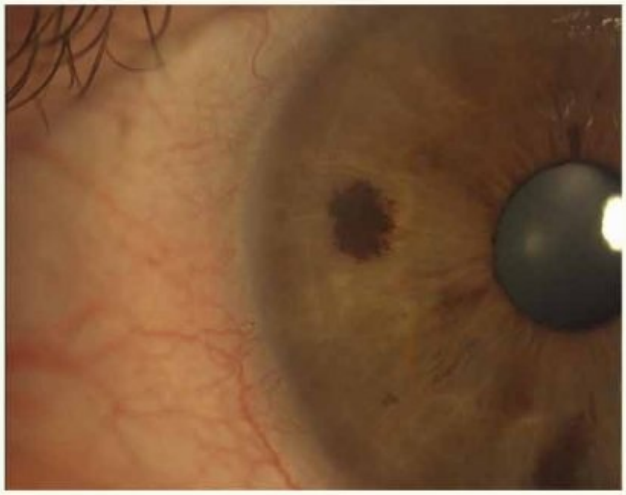
**Large dark brick-red-brown spot (rufin) in the fourth, fifth, sixth circular rings at 08:00 o'clock**



**Sponge-like hazelnut pigments of various hues**

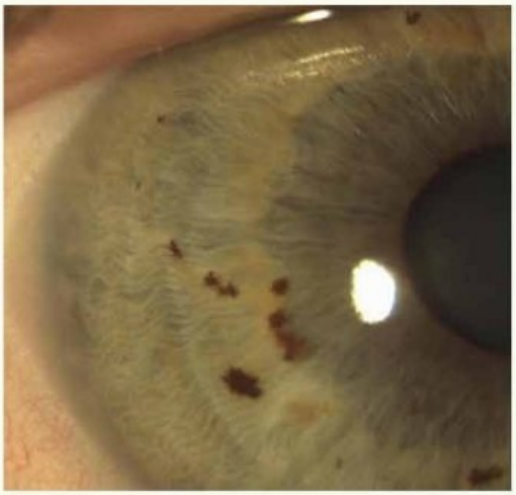


**Wide dark brown pigments (porphyrin) with well-defined margins distributed in the whole iris area**

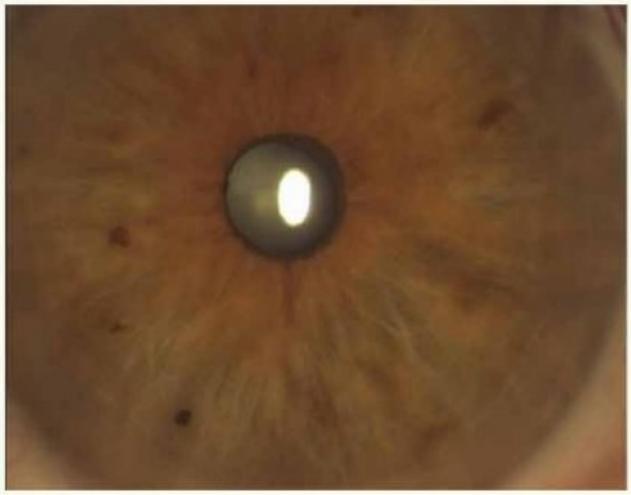


**Dark brown pigment with frayed margins in the third-fourth circular rings at 09:00 o'clock. Calcific lunula**

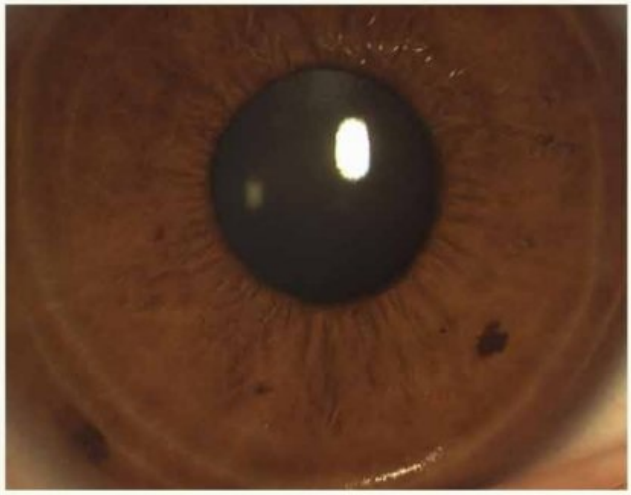
**Small dark pigments in the ciliary body**



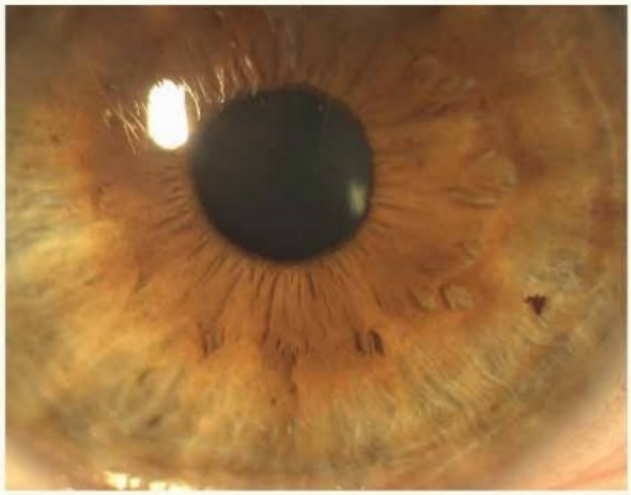
**Dark and dark brown pigments. Lunula**



**Small dark pigment in the fourth circular ring at 07:00 o'clock**



**Small dark pigment in the third circular ring at 04:00 o'clock**



**Small dark pigment in the fourth circular ring at 04:00 o'clock**

# Shape of Pigments

The shape of pigments, like their color, can be associated with organ distress and diseases. These are hints rather than certainties and need to be checked and confirmed using the diagnostic procedures of official medicine.

Waterfall pigment. Large pigment band radiating from the pupil toward the ciliary border edge and delimiting a large iris area. It is related to degenerative pathologies.

Pigment grains. Diffuse brown grains (tobacco grains). It is relatively frequent and indicates suffering in the corresponding iris zone and bad intestinal absorption.

Pigment pellicciato or moss-like pigment. Dark brown pigment with edges resembling furs or moss braches. It is most frequently found in women and is related to hormonal imbalance.

Arachnoid pigment. It points to congenital or degenerative defects.

Dark pigments resembling a geographical map. Degenerative defects.

Geometrical pigments (stars, triangles, angular pigments). When they appear in great number, and are aligned and dark-colored they relate to a worsening condition.

Uterogenic pigment. Round reddish pigment in the lower sector. Minor uterus disorders.

Hedgehog pigment. Series of numerous semi-transparent rectangular brown pigments attached on the shortest side to the external margin of the ciliary body. Liver disorders.

Cauliflower or sponge-like pigment. Dark pigment appearing in the collarette. It relates to stomach and intestine degenerative diseases.

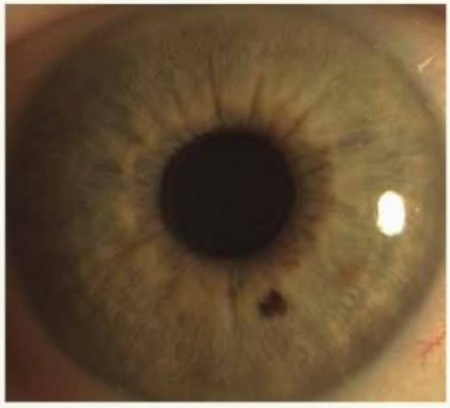
Salmon pigment. Small ribbon-like pigment found in the collarette and associated with stomach diseases.

Brown pigment. It is a frequently-found superficial pigment with blurred margins manifesting itself in various hues and intensity of brown. It points to pancreas and liver disorders.

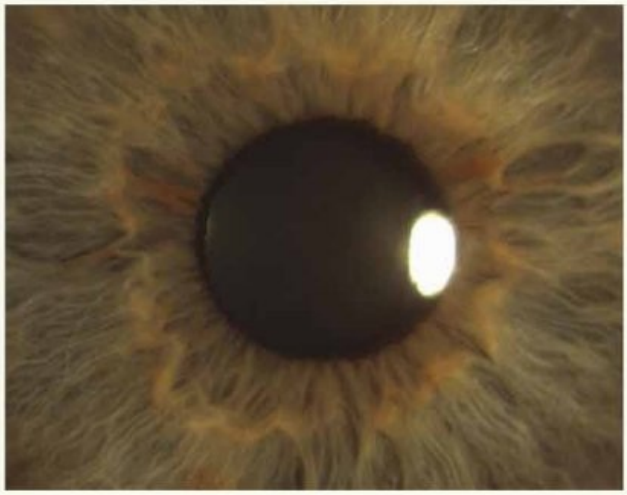
Ochre pigment. It is a pigment saturating the iris which is often associated with other pigments. It relates to pancreas and liver disorders.

Sclera pigments. Brown pigments associated with liver disorders.

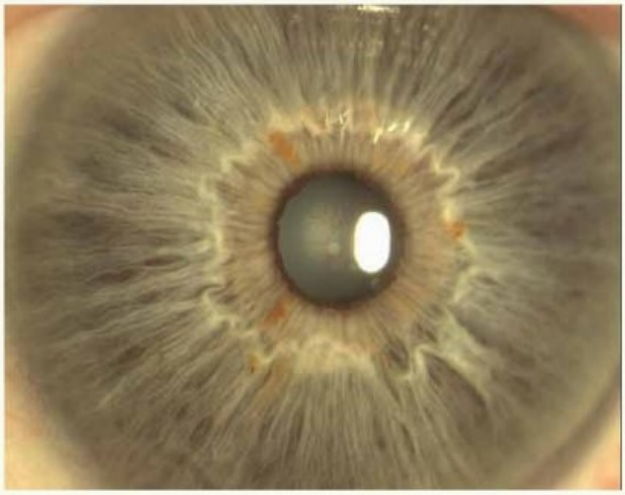
**Brown pigment**



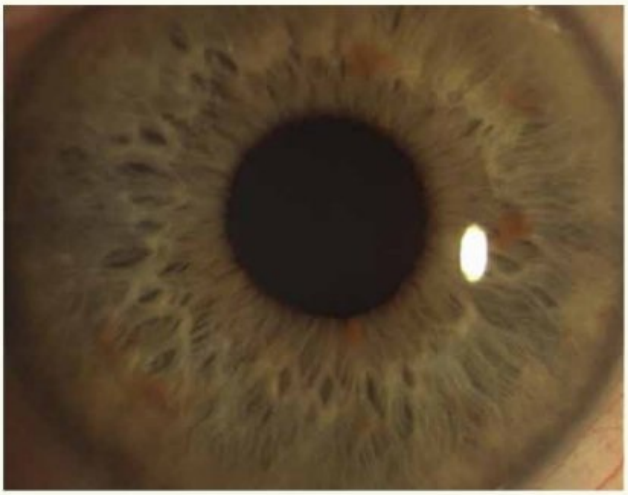
**Dark to dark brown pigment attached to the wreath at 05:00 o'clock**



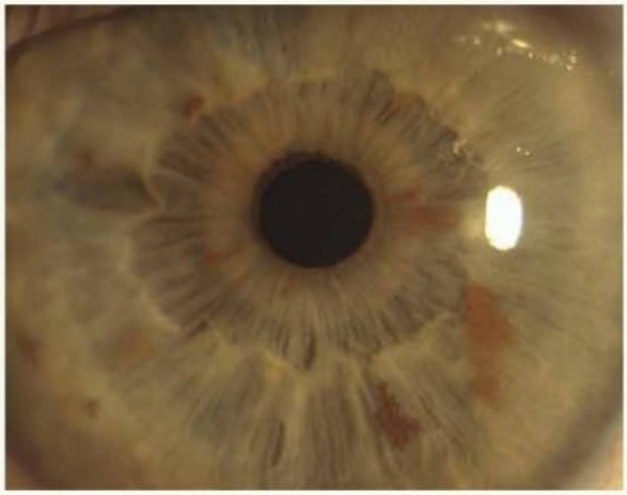
**Strip of reddish-orange pigments inside the collarette at 02:30 o'clock and 09:30 o'clock**



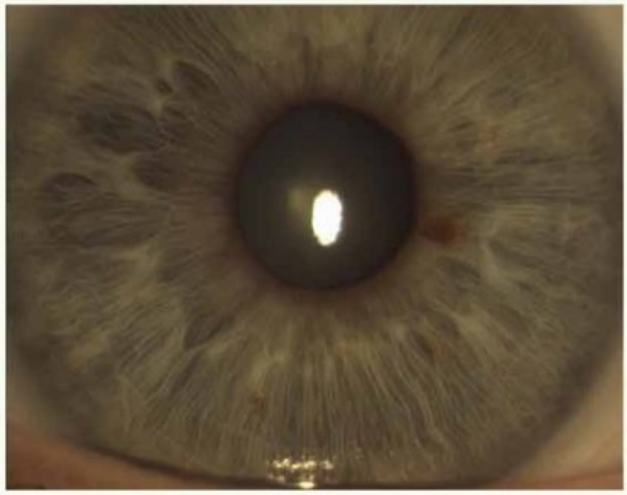
**Strip of bright salmon pigments inside the collarette**



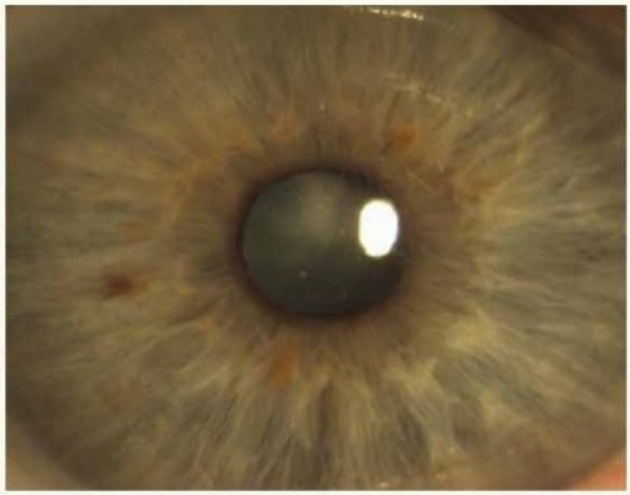
**Strip of salmon pigment inside the collarette at 05:45 o'clock**



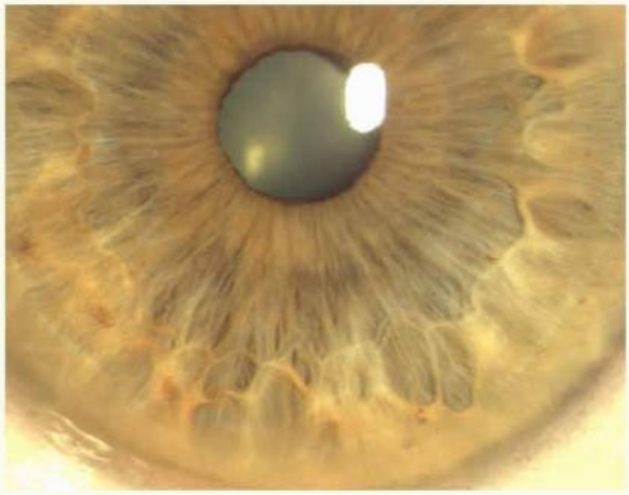
**Strip of salmon pigment inside the collarette and translucent lightening of the gastric ring**



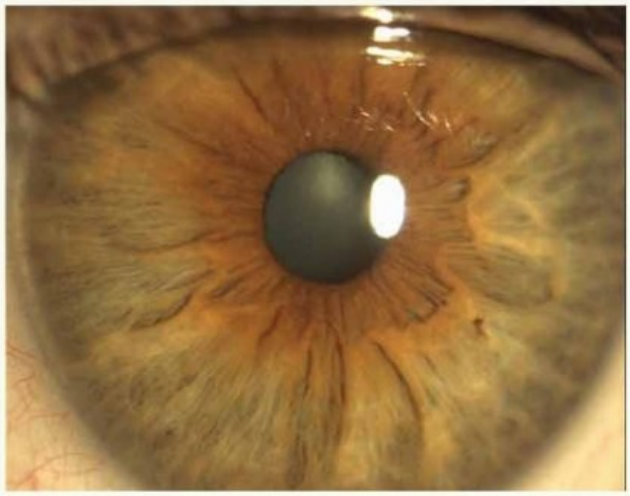
**Strip of salmon pigment inside the collarette at 03:30 o'clock associated with lightening of the gastric ring**



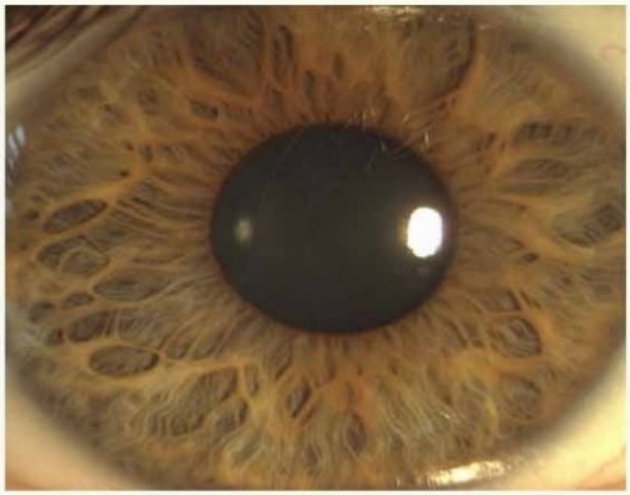
**Contracted collarette. Strip of salmon pigment spreading beyond the wreath at 06:30 o'clock**



**Bright yellow impregnation in the whole iris area**

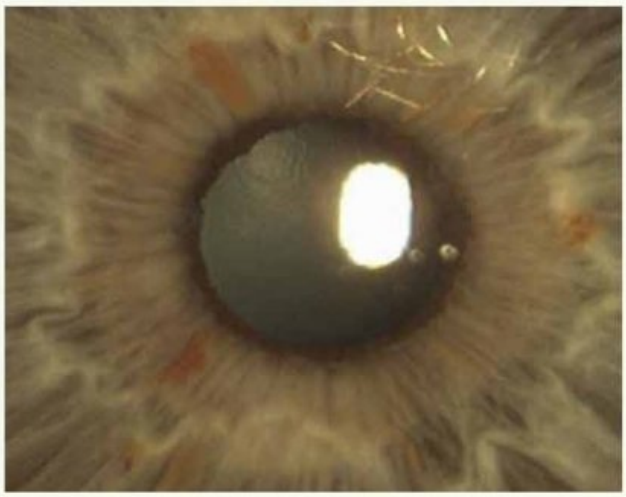


**Open lacunae attached to the wreath and impregnated by ochre and bright yellow pigments**

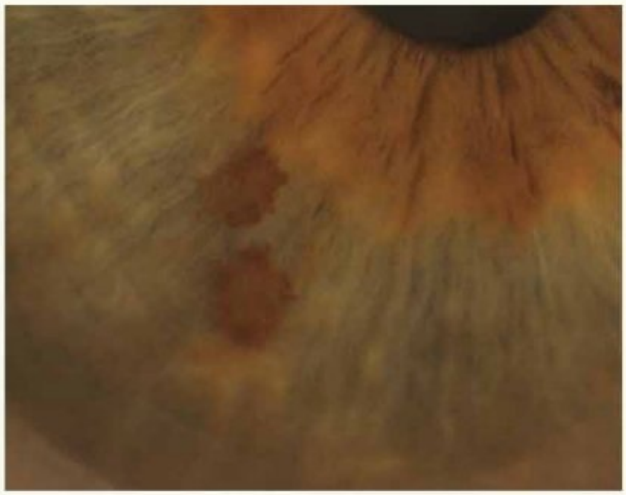


**Wide lacunae delimited by thick fibers (hemp) impregnated bybright ochre-yellow pigments**

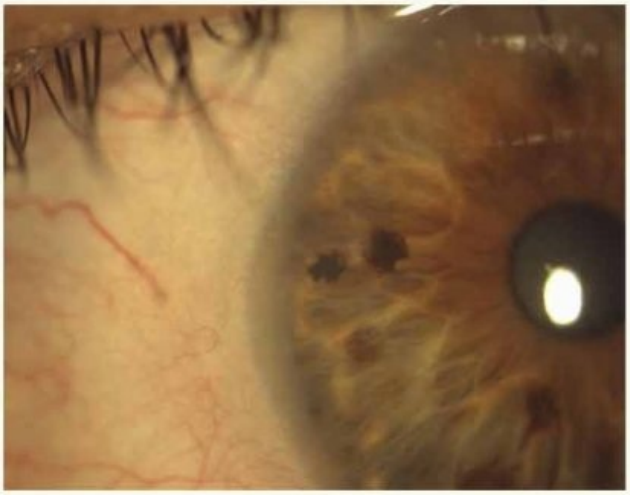
**Wide lacunae, mainly open ones, delimited by thick fibers (hemp) impregnated by bright ochre pigments**



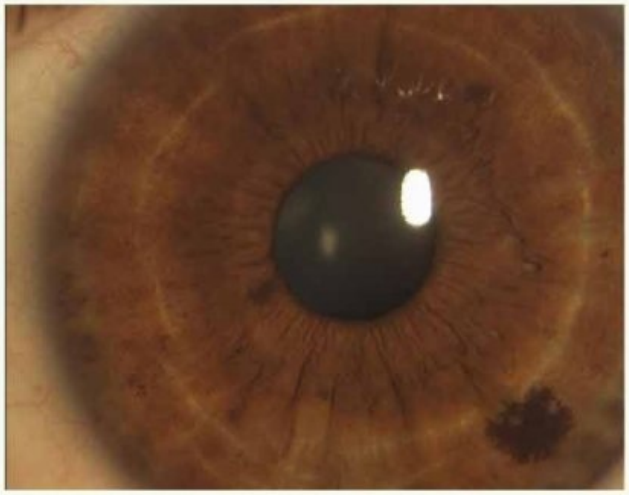
**Strip of salmon pigments. Amber-colored outer pupillary border. Lighted and bright gastric ring.**



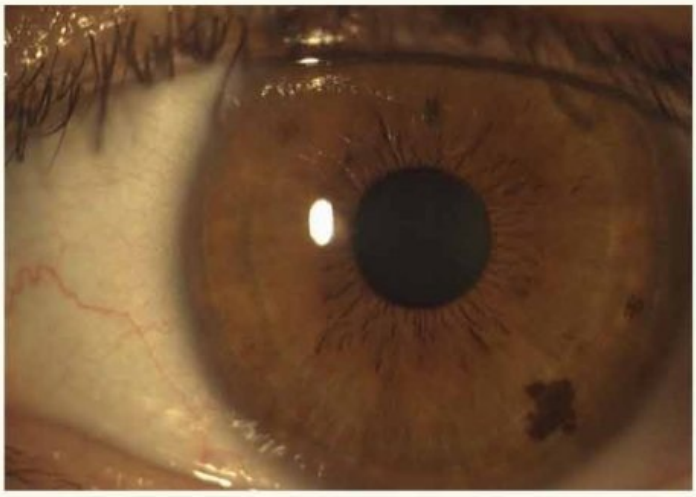
**Brown pigments and orange tophus**



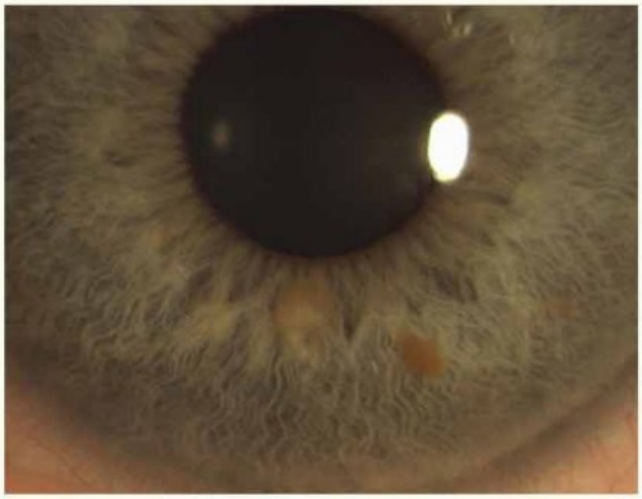
**Dark spots with scleral pointer-vessel**



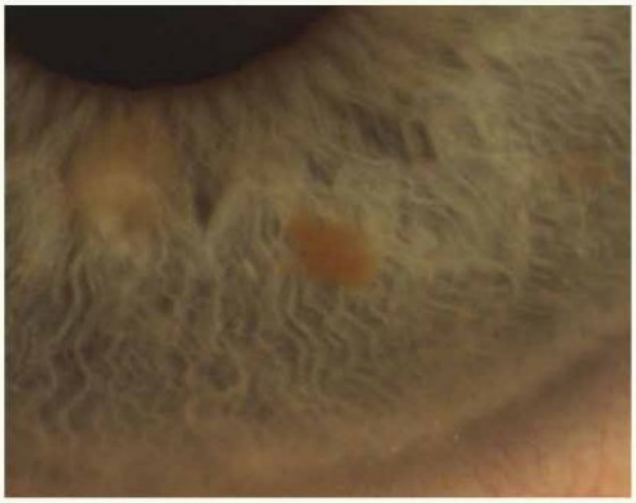
**Large foam-like dark brown, blackish spot in the fourth – fifth circular ring at 04:00 o'clock**



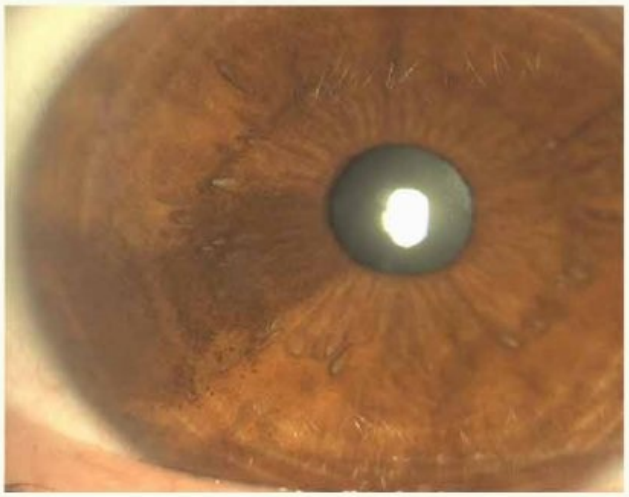
**Dark brown, blackish spot in the fourth circular ring at 04:00 o'clock**



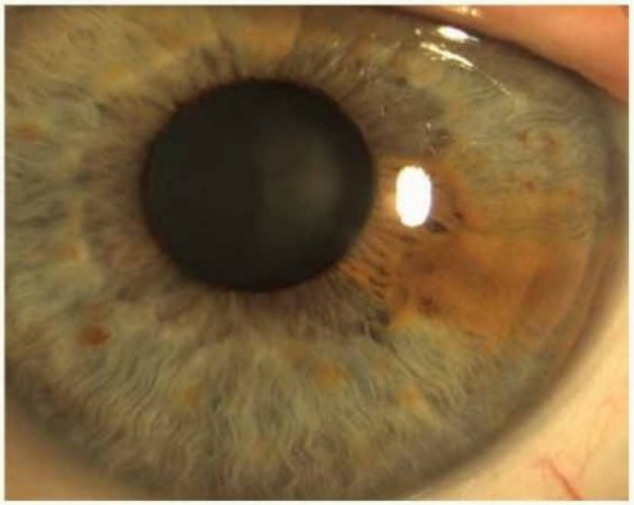
**Round shaded pastel orange-pink pigment: uterogenic pigment**



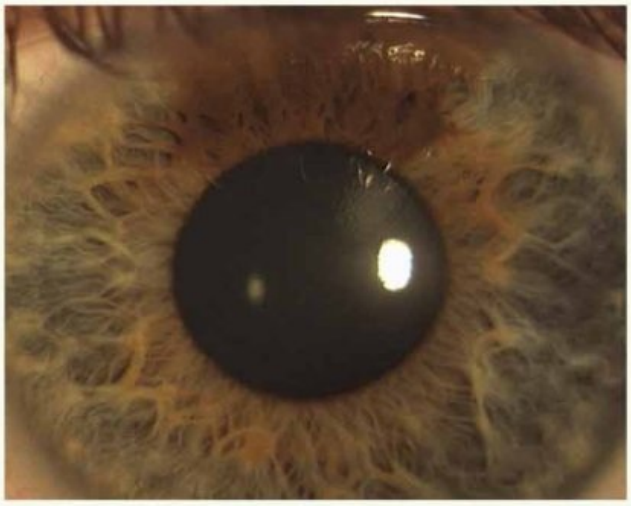
**Enlargment of previous image**



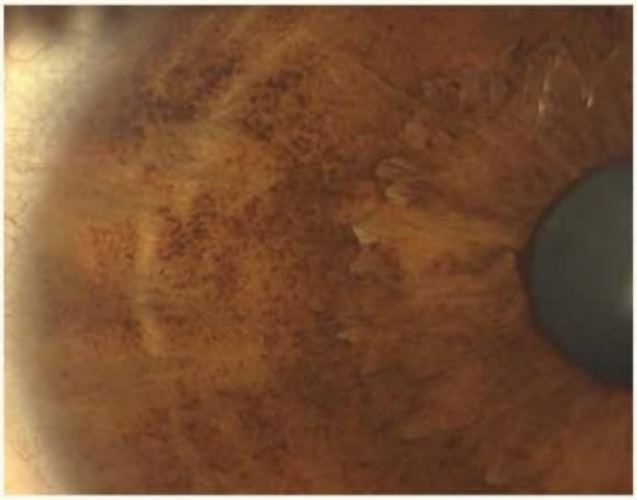
**Hazelnut pigmentation impregnating the iris from the outer pupillary border to the outer ciliary margin (waterfall pigment) at 08:00-09:00 o'clock**



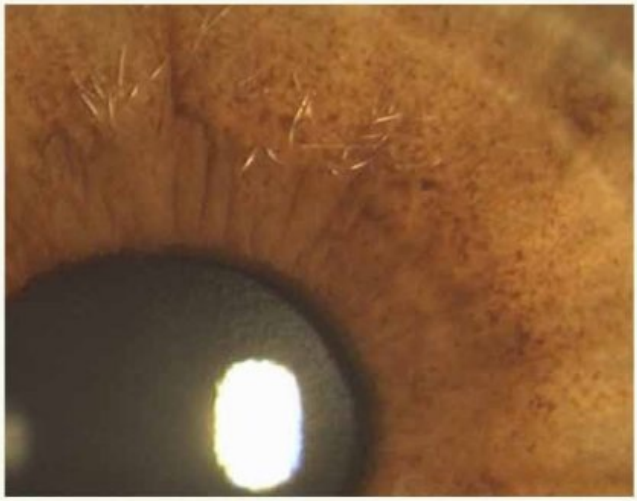
**Ochre-orange pigmentation impregnating the iris from the outer pupillary border to the outer ciliary margin (waterfall pigment) at 03:00-04:00 o'clock**



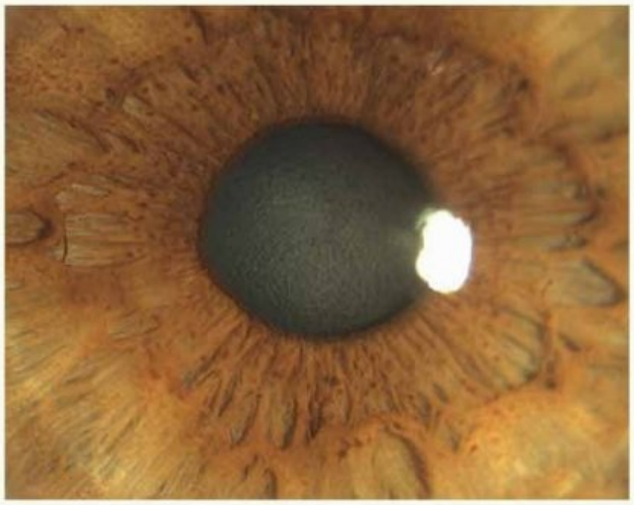
**Brown pigmentation impregnating a large portion of the upper iris area at 11:00-01:00 o'clock**



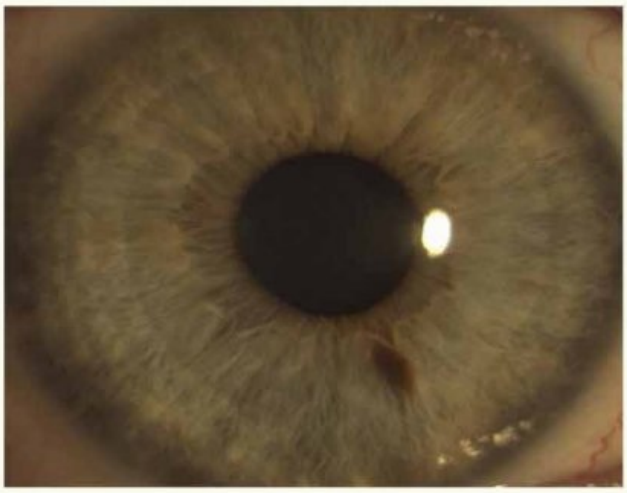
**Granular pigments (tobacco grains) sprinkled in the lateral sector**



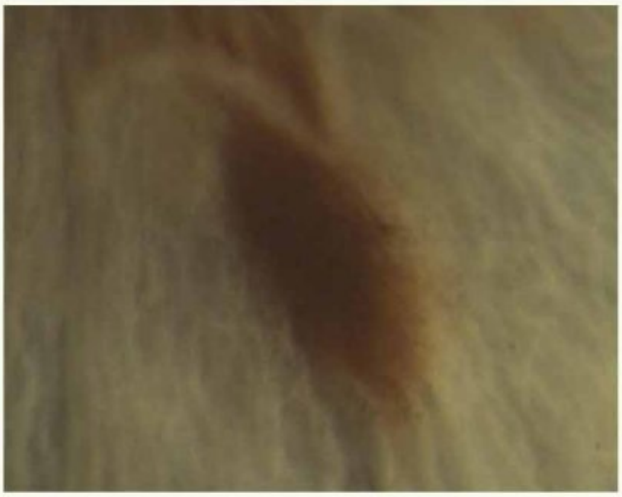
**Spread-out impregnation of pigment grains (tobacco grains)**



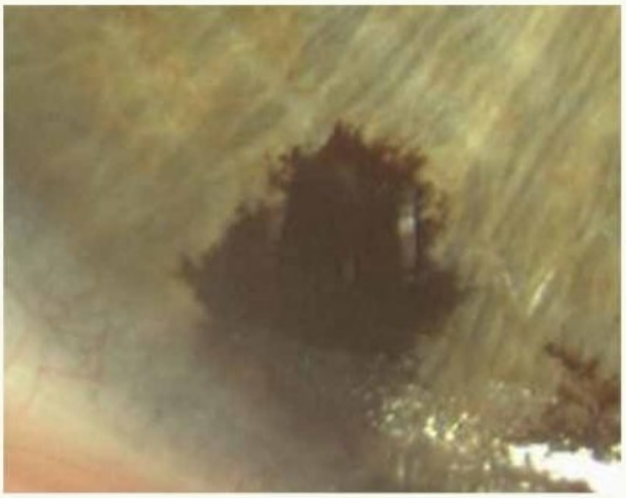
**Impregnation of the collarette with pigment grains (tobacco grains)**



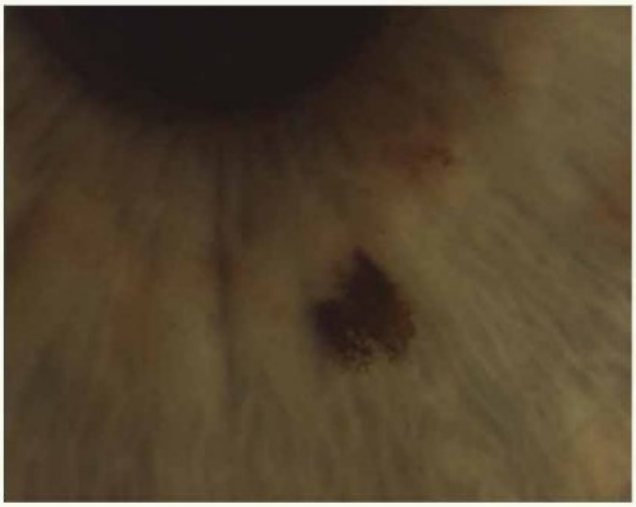
**Lozenge-shaped dark brown pigment with unclear margins resembling a fur coat**



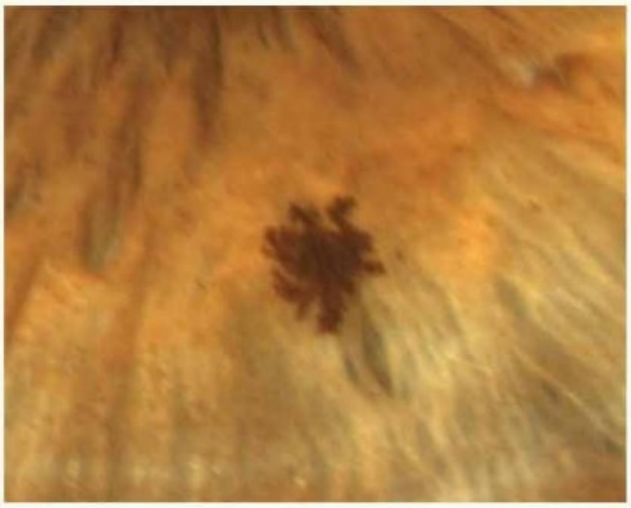
**Enlargment of previous image**



**Moss-like pigment**

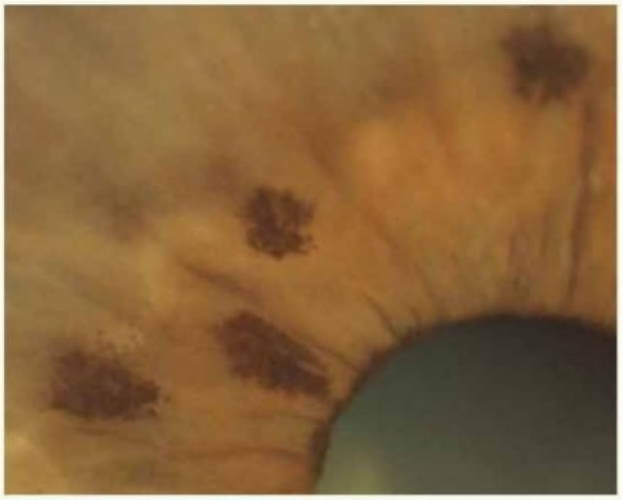


**Moss-like pigment**



**Hazelnut-brown arachnoid pigment**

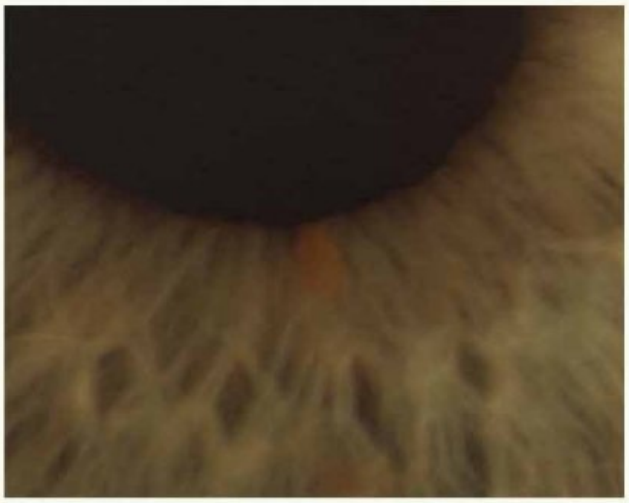
**Dark brown arachnoid pigment**



**Cauliflower pigments inside the collarette**

**Cauliflower pigment**

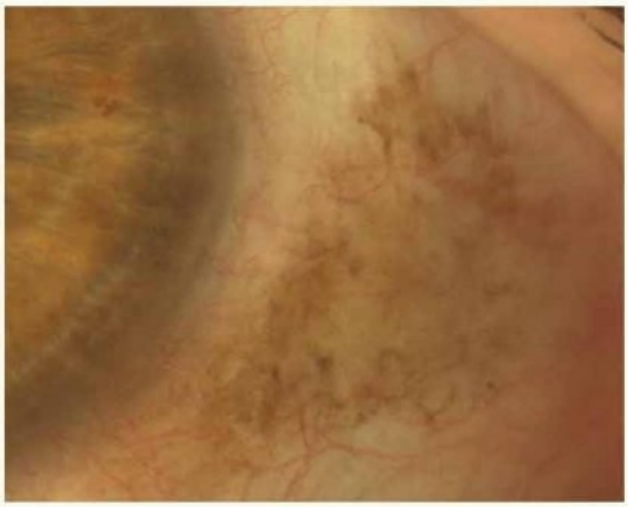
**Dark sponge-like pigments**



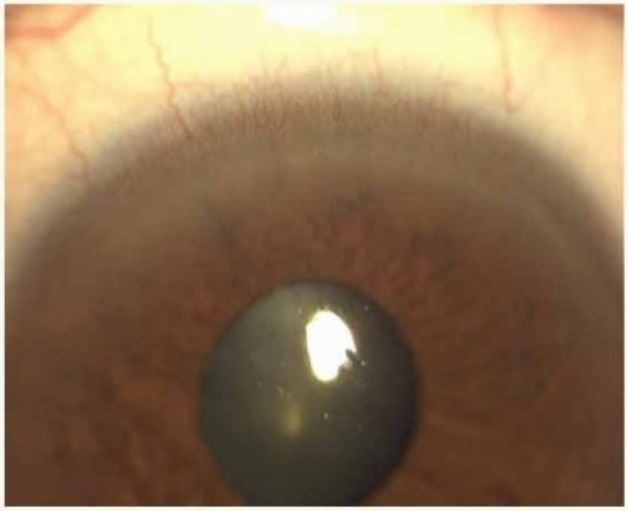
**Strip-like pigment in the collarette**

**Hazelnut-brown pigmentary impregnation**

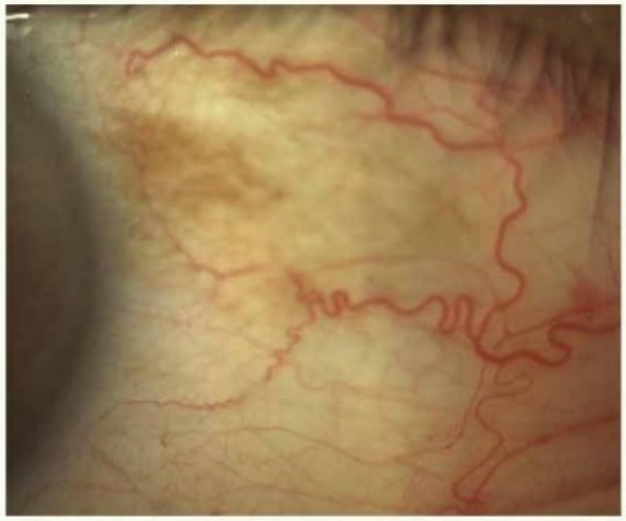
**Bright ochre pigments attached to the wreath**



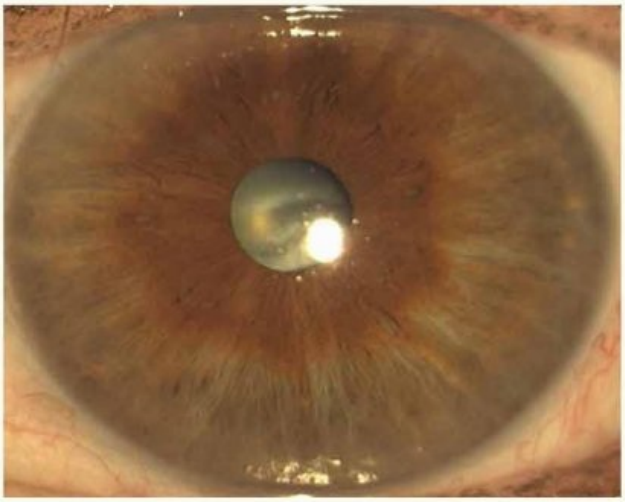
**Suffuse hazelnut impregnation in the nasal sector of the sclera**



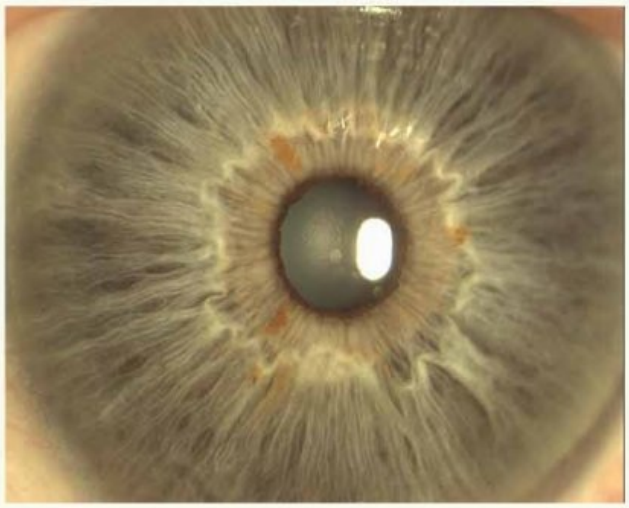
**Opaque milky impregnation around the sixth circular ring and adjacent scleral area. Network of inflammatory capillaries**



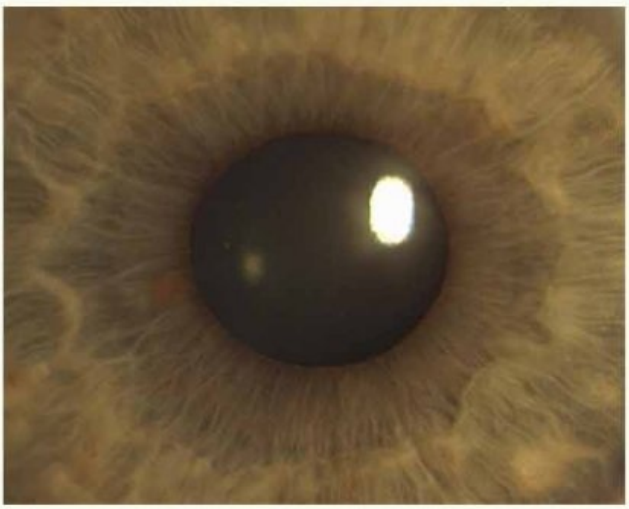
**Hazelnut sclera pigment with neighboring bluish aura and dilated pointing capillaries**



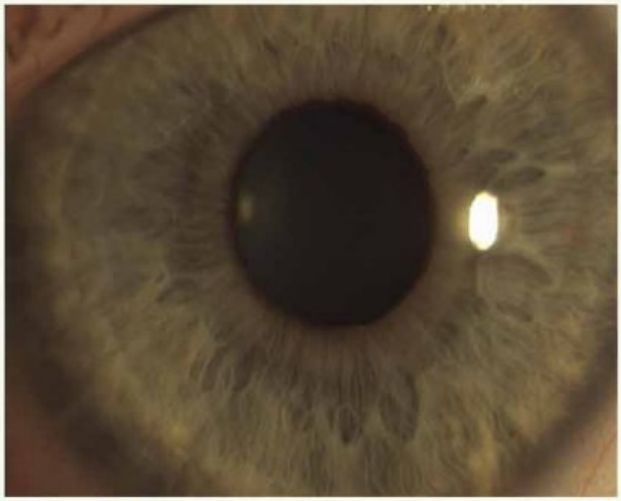
**Brick-red to brown central disparity: family history of digestive stystem disorders**



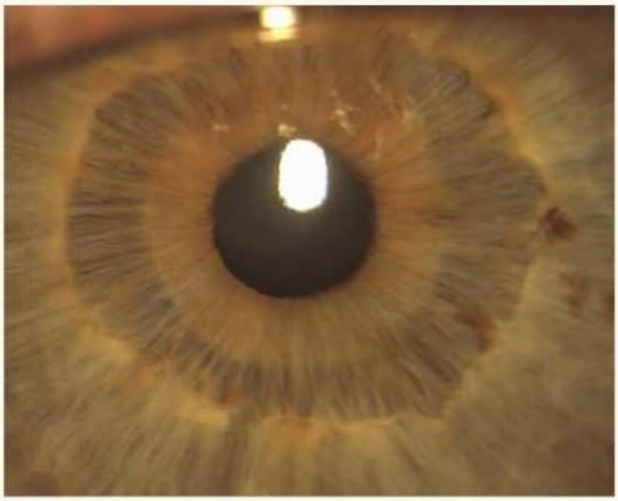
**Bright whitish central disparity: tendency to gastric pyrosis and gastric hyperacidity**



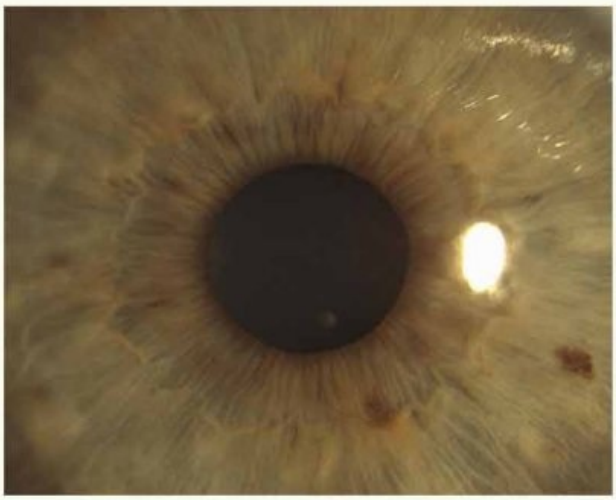
**Greyish central disparity: predisposition to gastritis with reduced secretions (atrophic gastritis, achlorhydria) and degenerative bowel diseases**



**Dark central disparity: predisposition to stomach and bowel degenerative diseases**



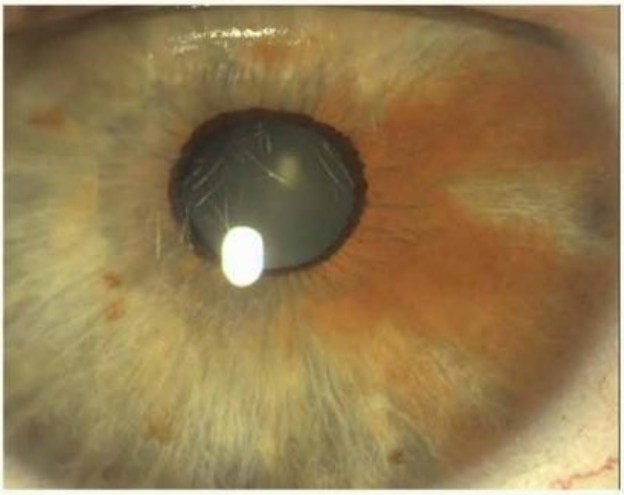
**Bright circular central disparity: gastric diseases**



**Reddish central disparity: metabolic dysfunctions, digestive and liver-gallbladder overload**

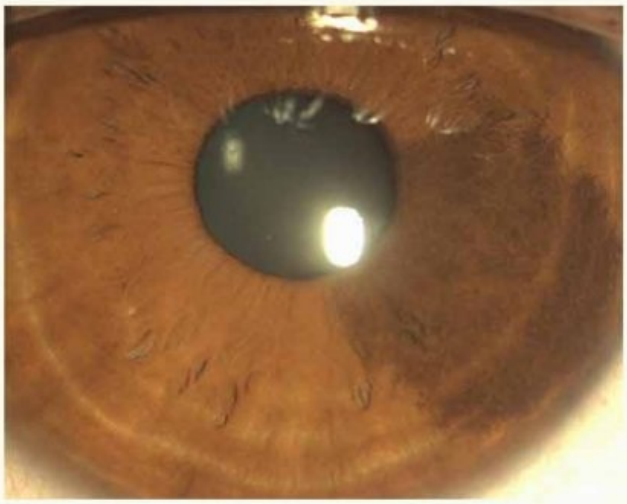
# Wide Sectorial Impregnations

Sector disparity. Pigmentations impregnating wide iris portions are called sector disparities. Generally, these are inherited at birth and do not suggest ongoing diseases although they should trigger the attention threshold. They can suggest further investigation according to their color or the sector in which they appear.



**Double ochre waterfall disparity in lymphatic iris**

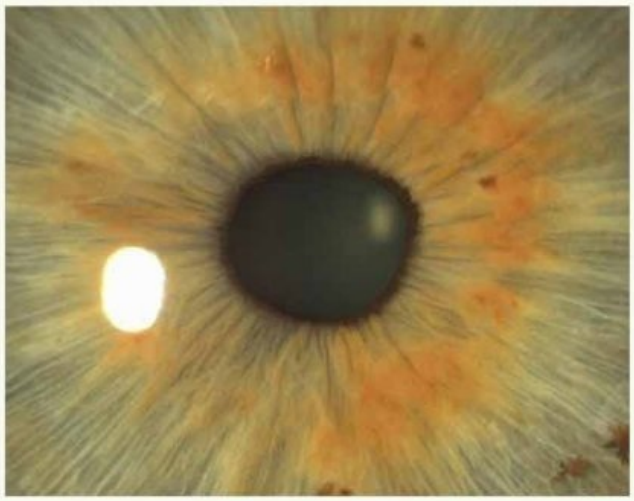
**Incomplete reddish dark brown sector disparity (rufin)**



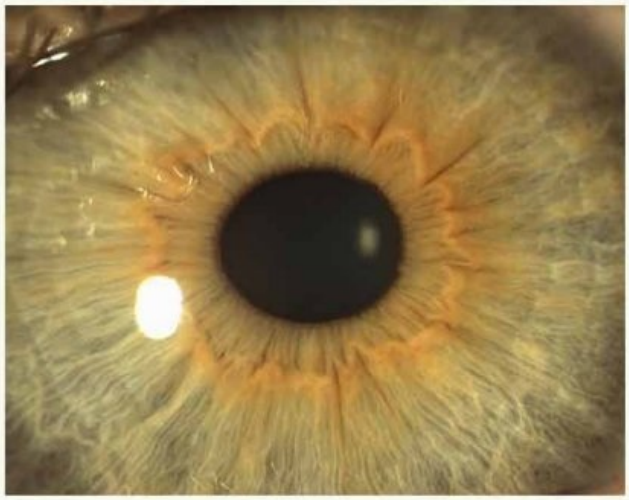
**Complete waterfall sector disparity in spasmodic iris**

# Autonomic nerve Wreath Impregnation

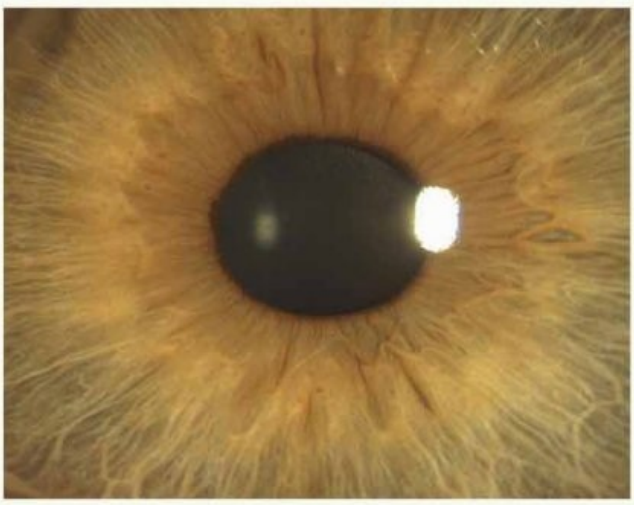
An increase in thickness of the autonomic nerve wreath is a sign of reactivity of the autonomic nervous system. The impregnation of the autonomic nerve wreath with pigments of varying brightness is often accompanied by autonomic nervous system imbalance involving the organs represented in the adjacent iris sector. When the impregnation spreads in the third circular ring, imbalance of the corresponding endocrine glands should be considered.



**Impregnation of the outer wreath border (third circular ring attached to the wreath): endocrine glands imbalance**



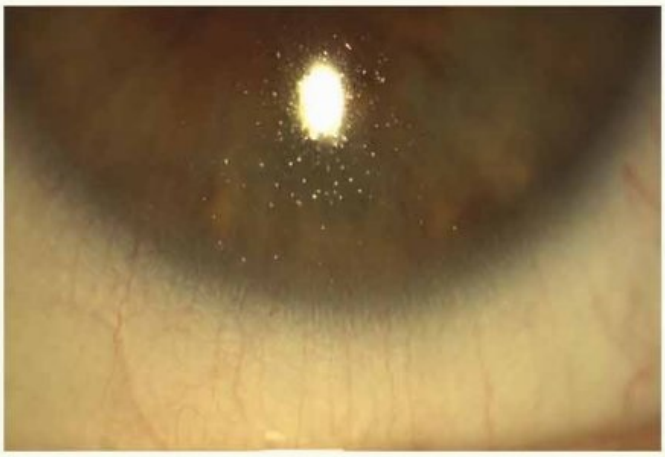
**Impregnation of the autonomic nerve wreath: autonomic nervous system imbalance**



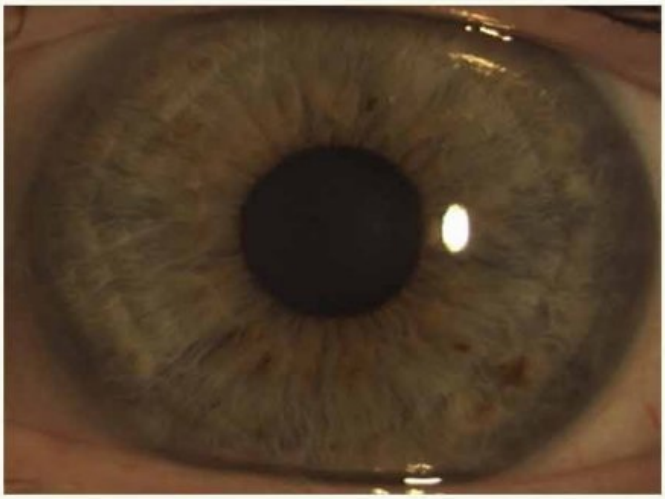
**Bright impregnation of the outer wreath border: endocrine glands, thyroid**

# Darkening of the Sixth Circular Ring

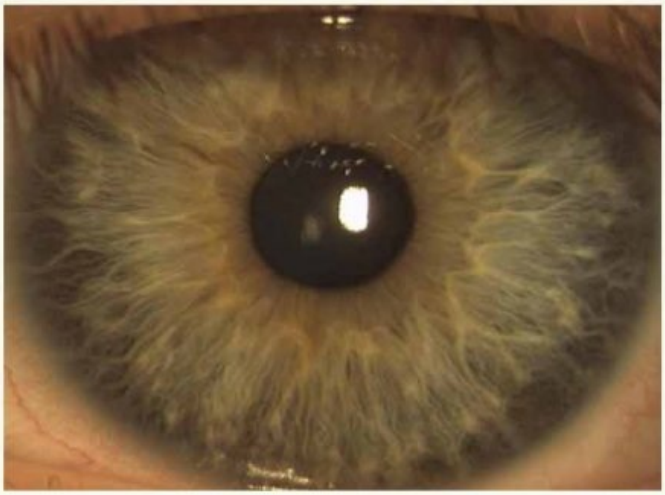
The darkening of the peripheral ciliary body follows the thinning of the surface pigment layer which makes the underlying dark lamina visible. This is considered as a predisposition to skin conditions or psychic problems (depression). When a darkened sixth circular ring is associated with a contiguous dark bluish scleral aura, lack of minerals like iron (sideropenic anemia) should be also considered.



**Darkening of peripheral ciliary body: skin and psyche**



**Light blue aura, web of perpendicular sclera capillaries and darkened sixth circular ring in hematogenic constitution: psyche, encephalus**

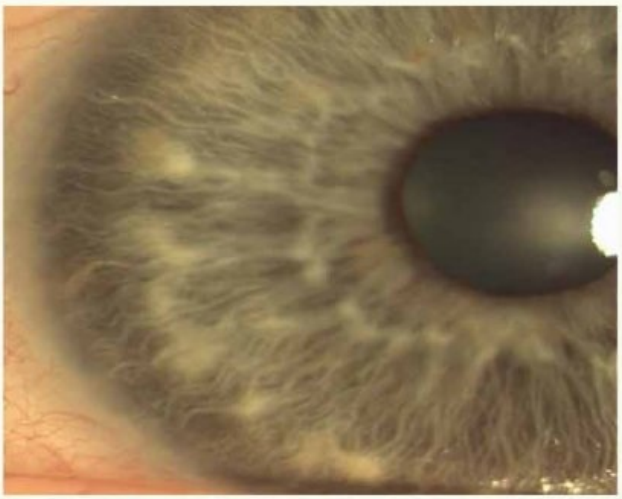


**Darkened sixth circular rings and tophi: skin**

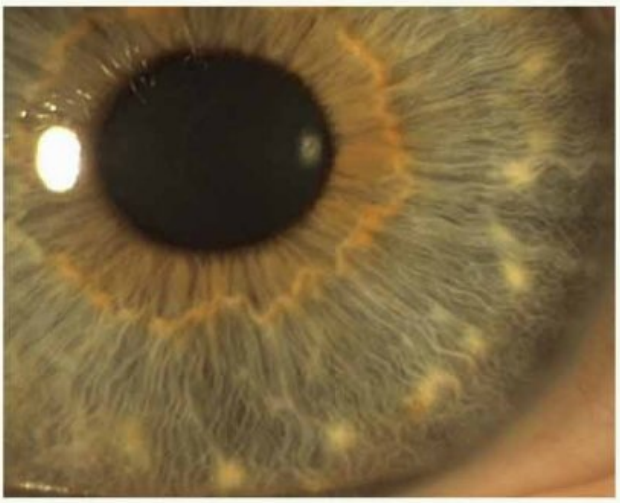
# Tophi and Plaques

Tophi. Markings in the shape of cotton flakes or clouds. They are typical of the exudative and uric diatheses. They generally impregnate the peripheral belt of the ciliary body though sometimes they can merge and spread in the remaining part of the ciliary body. The exudative diathesis is characterized by bright white tophi while the uric diathesis is marked by yellow, orange or ochre tophi. The dyscratic diathesis is instead characterized by yellow or orange tophi (or with other pigmentation) merging and covering the iris surface with a prominent layer.

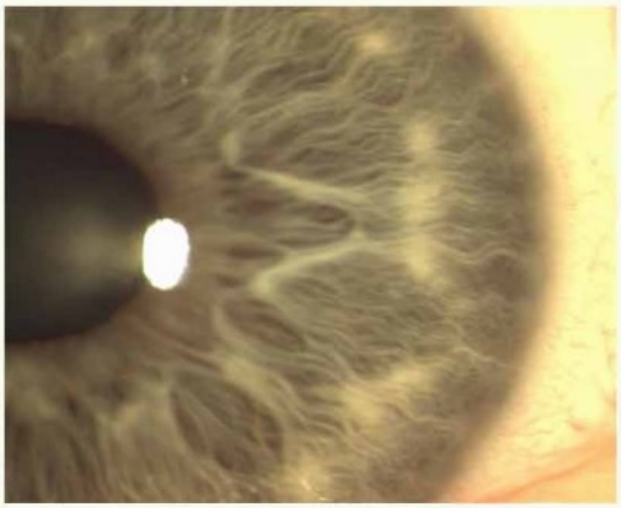
Plaques. Pigments forming a crust overlaying the iris surface which are typical of the dyscratic diathesis. They appear in wide iris areas and are typical of the dyscratic diathesis.



**Tophi. Circular peripheral bright white impregnation resembling cotton balls. Exudative diathesis**

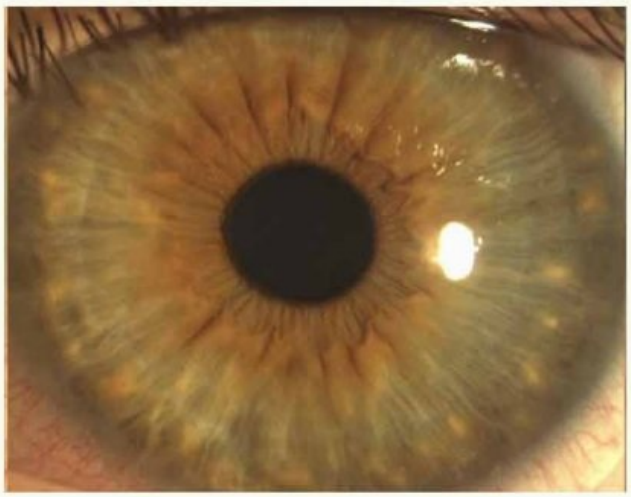


**Peripheral ring of yellowish pigments resembling cotton balls. Uric diathesis**

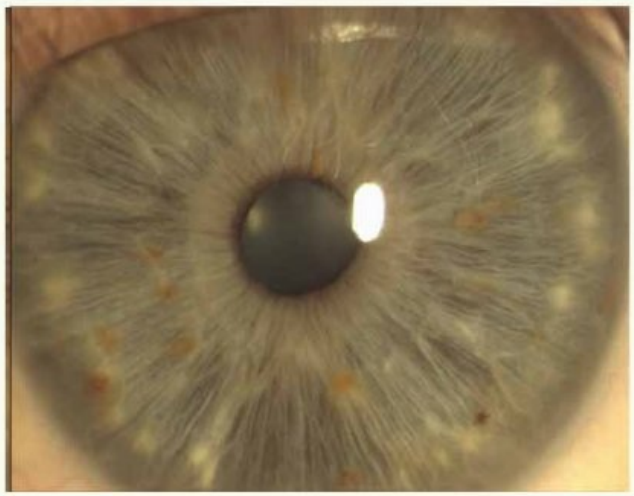


**Verticalized bright white tophi merging together. Exudative diathesis**

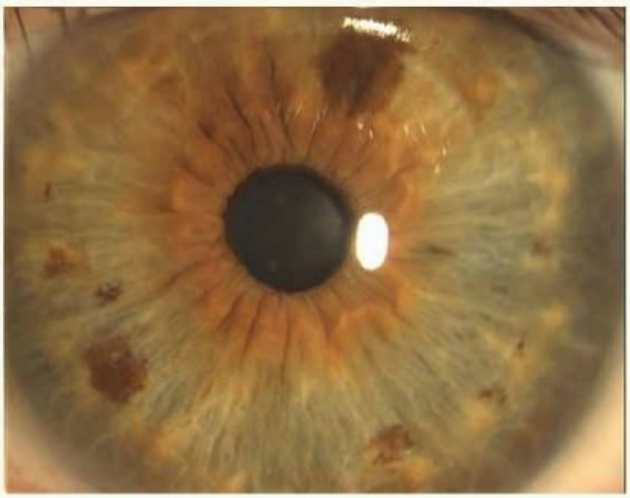
# Tophi



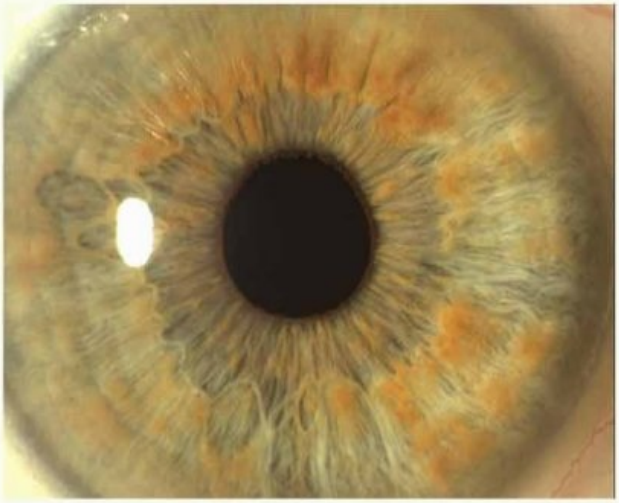
**Orange-yellow tophi.**
**Uric diathesis**



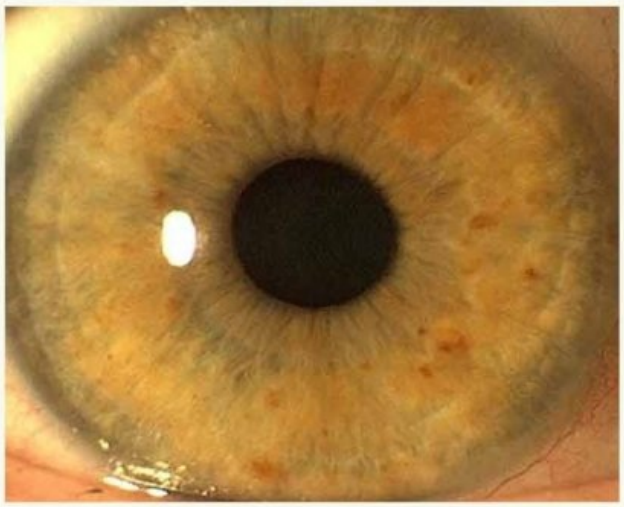
**Peripheral ring of yellow pigments resembling cotton balls.**
**Exudative diathesis**



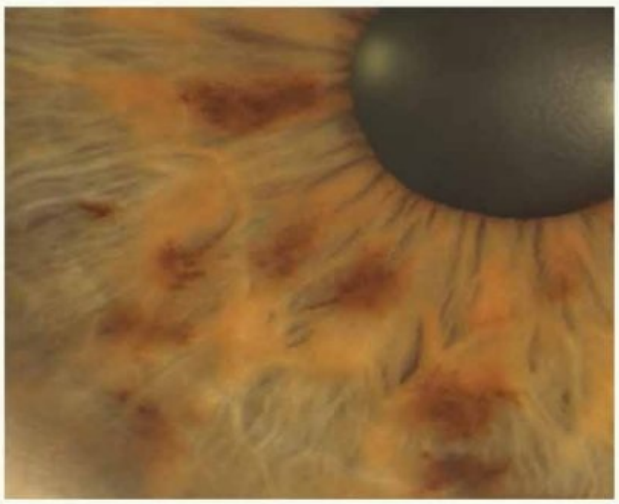
**Merging tophi.**
**Dyscratic diathesis**



**Prominent pigmentary impregnation of bright ochre plaques overlaying a lymphatic iris**

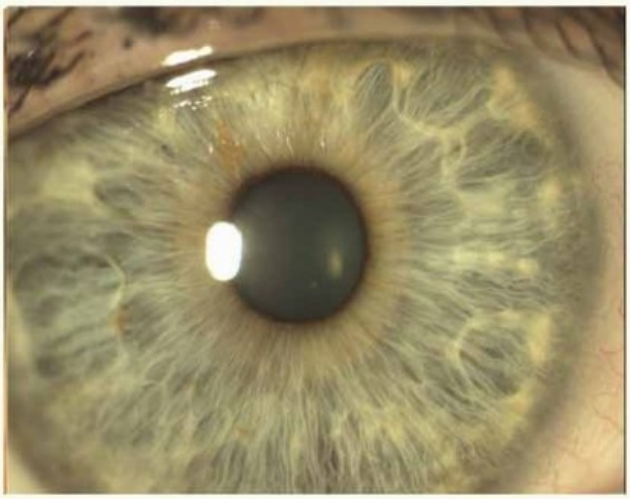


**Bright ochre plaques forming a uniform layer on a lymphatic iris**

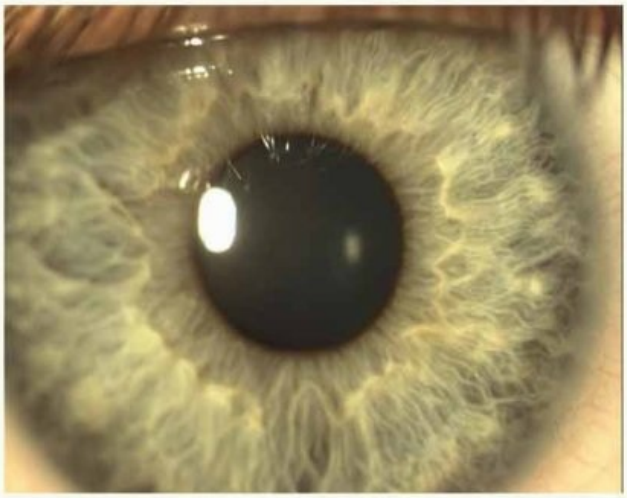


**Prominent tophi impregnated by brown and bright ochre pigments. First stage leading to merging of plaques**

# Exudative Diathesis



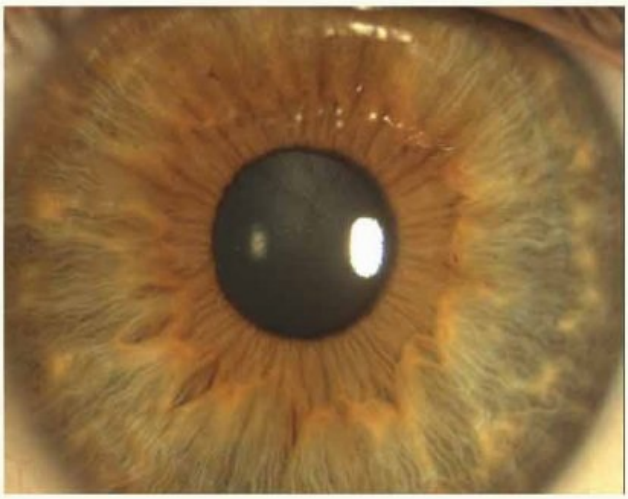
**Light-colored iris, bright tophi and light-colored impregnation of fibers**



**Light-colored iris, merging white tophi**

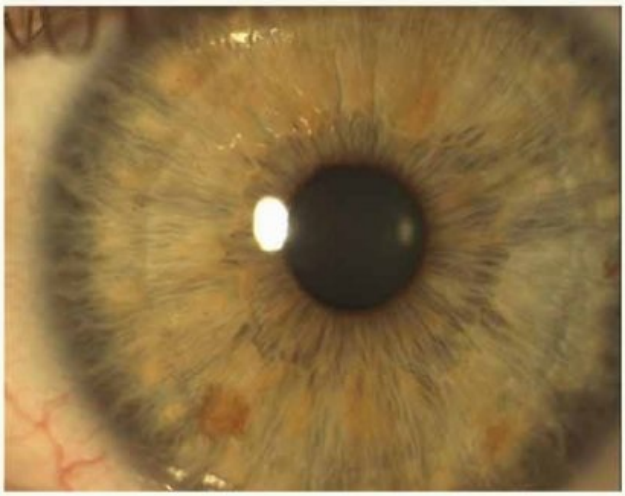
**Light-colored iris, blurred tophi in peripheral area, bright light-colored impregnation**

# Uric Diathesis



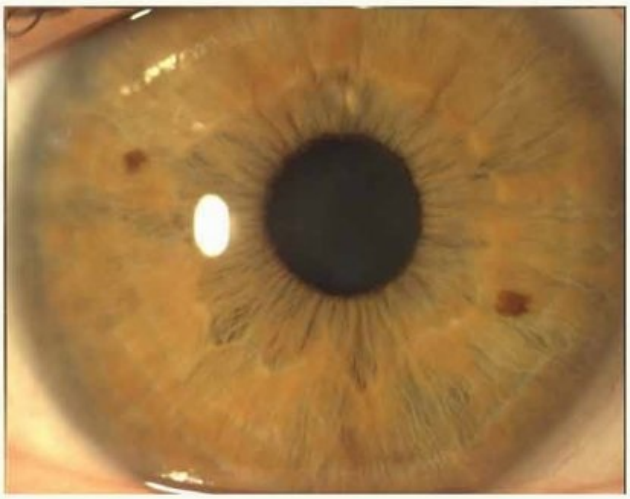
**Orange-yellow tophi in peripheral area**

**Merging bright orange-yellow tophi**

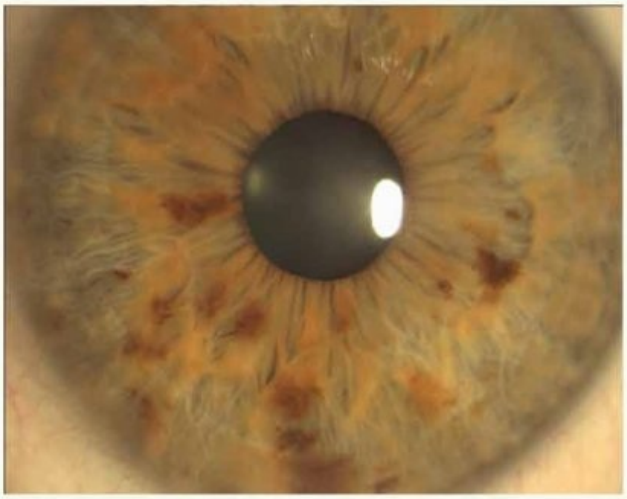


**Layered merging orange-yellow tophi (transition between uric and dyscratic diathesis)**

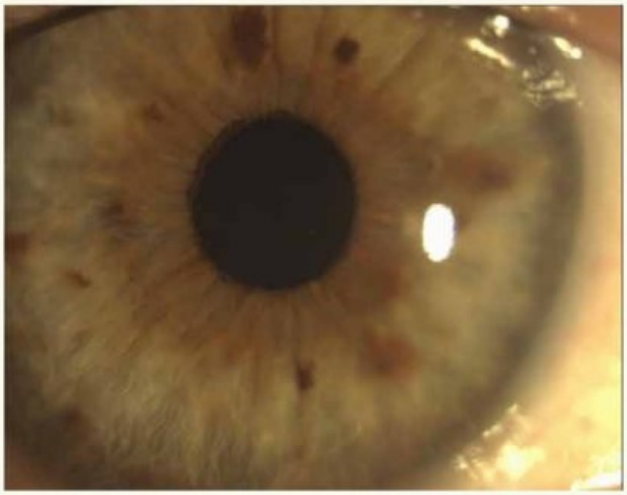
# Dyscratic Diathesis



**Prominent orange-ochre impregnation layered on the whole ciliary body area**



**Prominent layered orange-ochre impregnation associated with diffuse brown pigments**



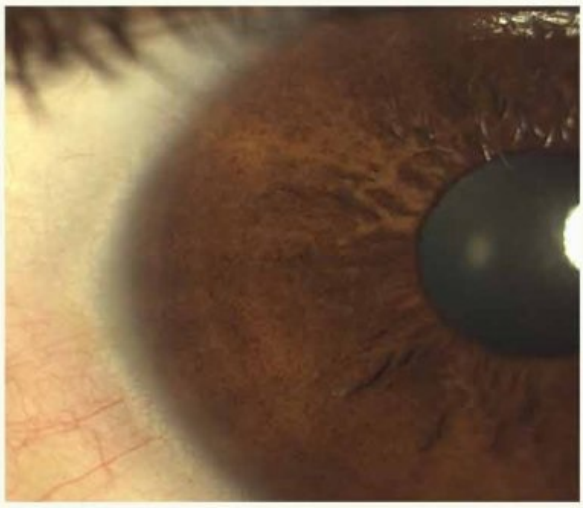
**Muddy milky impregnation incorporating merging tophi and diffuse brown pigments**

# The Sclera

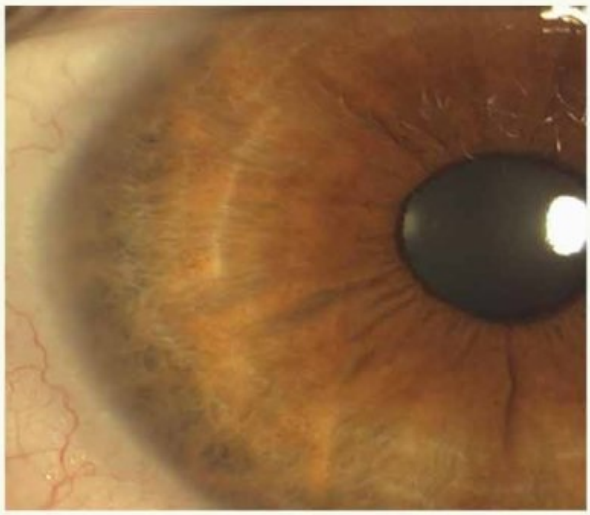
Overlapping between ciliary body and sclera. The peripheral ciliary body can be impregnated by metabolites as a sign of age-related degenerative processes. These alterations are called lunula, sodium ring and cholesterinic ring (gerontoxon). They often calcify and almost always spread into the sclera. These signs are typical of the cholesterinic diathesis. Sometimes they are accompanied by other sclera signs: pointers (blood vessels), web of inflammatory capillaries, sclera pigments and calcifications.
The sclera and the iris share the following sings: lunula, calcific lunula, sodium ring, cholesterinic ring. The sclera can also be impregnated by pigments and fatty deposits and can show blood vessel alterations. All these markings can usefully complete the iris examination.

# Shared Signs Between Sclera and Iris

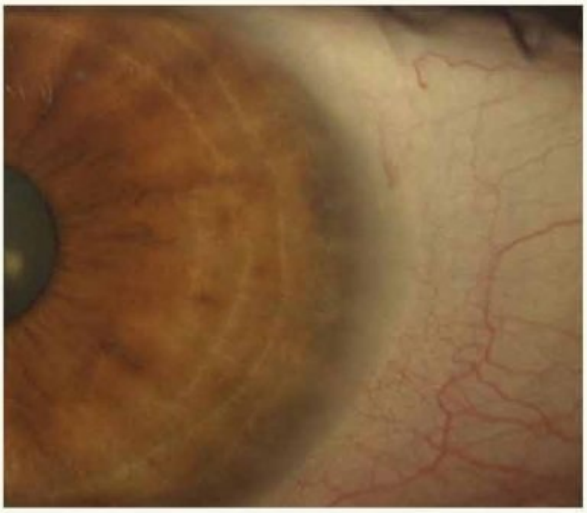
Lunula. Milk-white deposit around 3 o'clock or 9 o'clock. It suggests predisposition to arteriosclerosis or, if it is located in the left temporal sector, predisposition to heart disorders like arrhythmia and tachycardia. It is typical of the cholesterinic diathesis.
Calcific lunula. It suggests predisposition to arteriosclerosis, high parasympathetic activity with spasmophilia, tendon calcifications, Dupuitren's syndrome, Peironie's disease.
Cholesterinic ring/gerontoxon, arcus senilis, sodium ring. Opaque milk-white ring covering the peripheral area of the iris in the frontal or ventral zone or in a circular band. In its first stage, it is transparent and called sodium ring. It reveals senescence and a predisposition to arteriosclerosis.
Pterygium. Swelling of the cornea also covering portions of the iris. It can be associated with functional disorders in the organs represented in the iris areas involved. It is sometimes related to brachial plexus disorders.



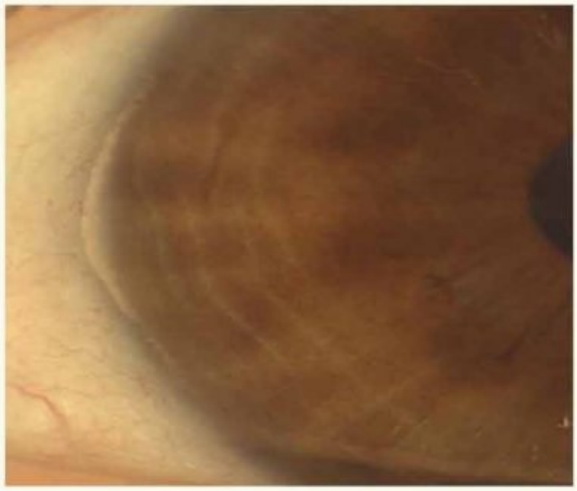
**Lunula. Crescent-shaped milky suffusion on the lateral external iris border**



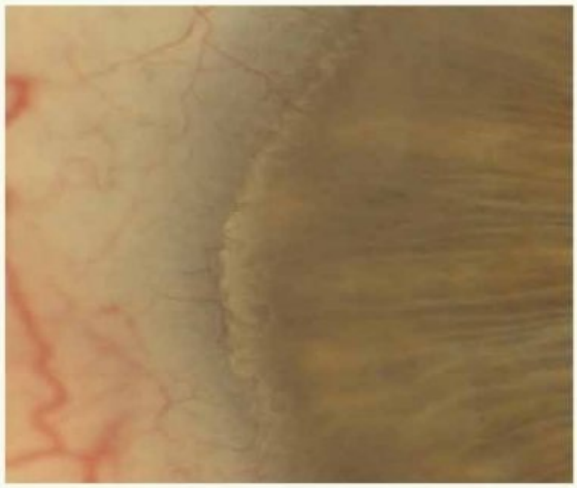
**Lunula. Crescent-shaped greyish suffusion on the external iris border**



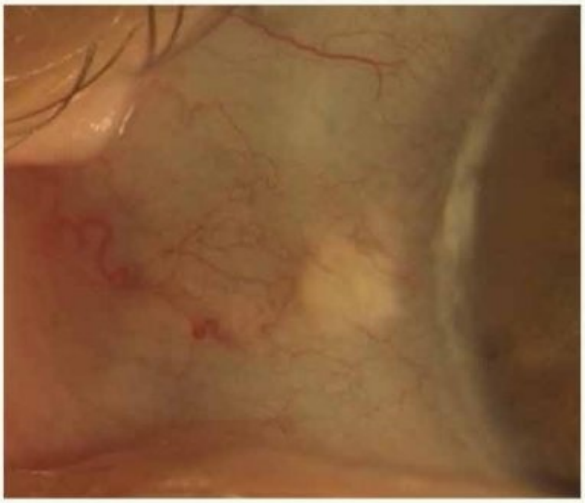
**Lunula. Crescent-shaped milky suffusion on the external iris border**



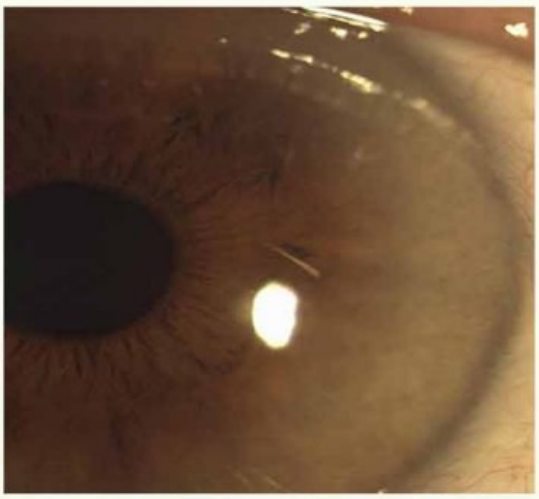
**Calcific lunula. Crescent-shaped calcification on a milky layer in the lateral external border**



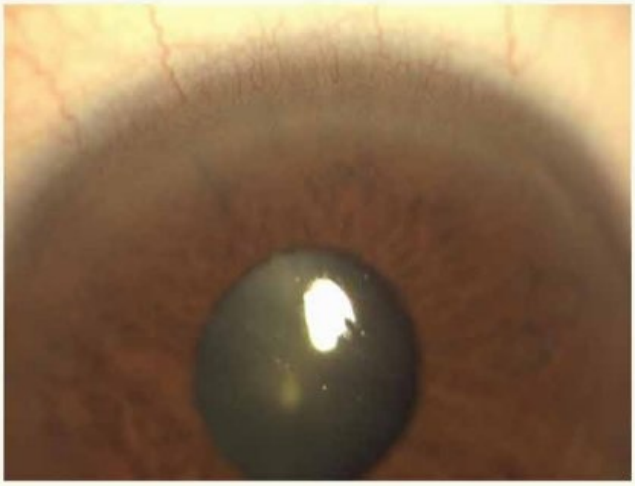
**Calcific lunula. Granular calcification of the lateral external border**



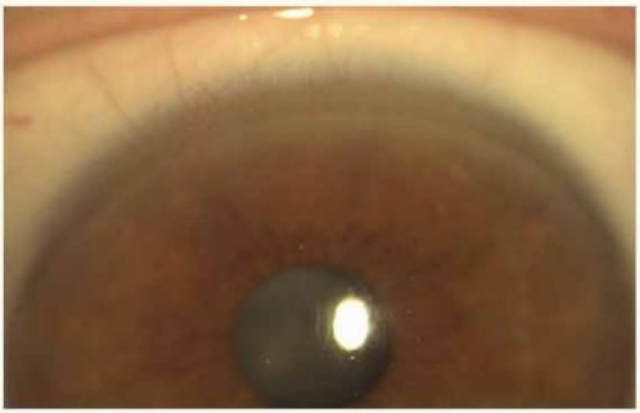
**Calcific lunula. Crescent-shaped calcification of the lateral external border. Sclera fat deposit and adjoining net of capillaries**



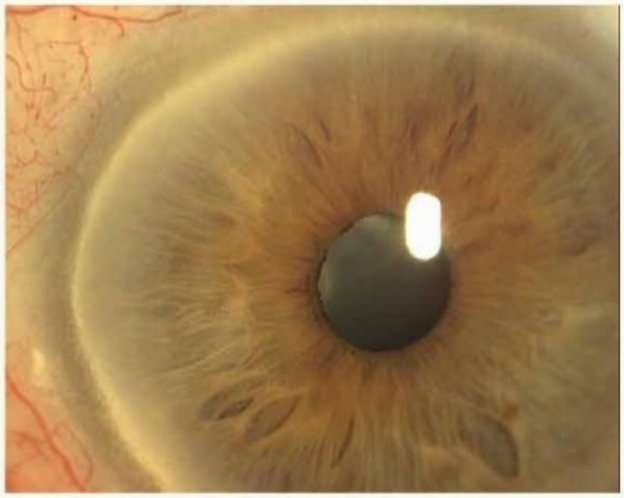
**Translucent impregnation of the lateral sector (sodium ring)**



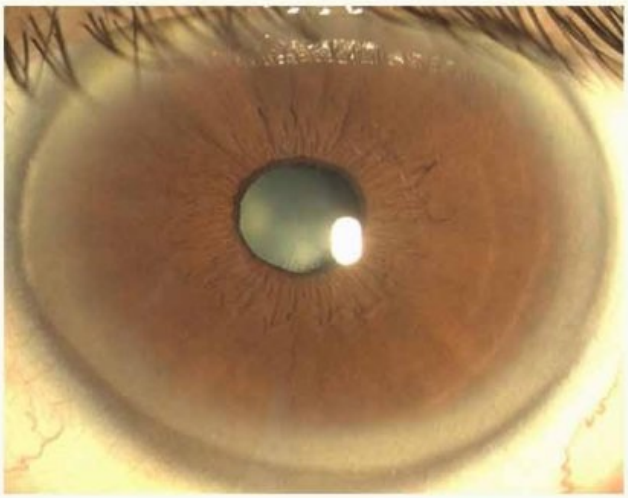
**Translucent impregnation of the frontal sector (sodium ring) with overlapping net of capillaries**



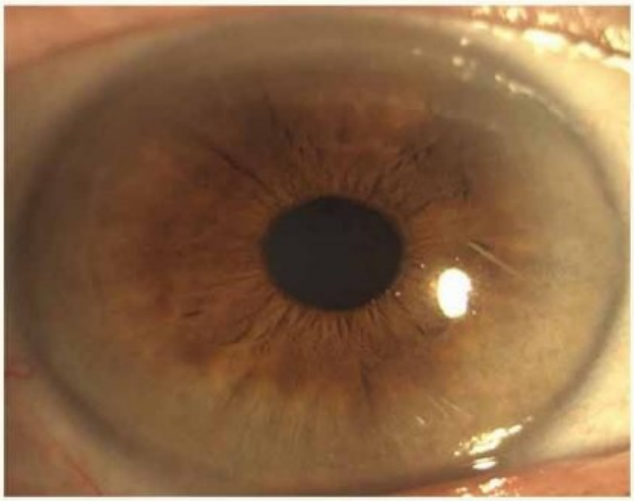
**Translucent impregnation of the frontal sector (sodium ring)**



**Translucent impregnation of the external ciliary border and sclera (gerontoxon)**



**Milky impregnation of the sixth circular ring and calcifications (cholesterinic ring, gerontoxon)**



**Translucent impregnation of the ciliary body (sodium ring)**

# Sclera Pigments, Spots and vessels

Sclera colorations are also studied by official medicine. Some colorations have a clinical and other an iridological significance.

*Official medicine:*

Yellow or yellowish sclera: cholestasis, liver diseases.

Reddened sclera: conjunctivitis, congestion, hypertension.

*Iridology:*

Light blue or bluish sclera: chronic bone diseases, rheumatic disease, arthrosis, osteoporosis.

Sclera with brown spots: liver overload.

Prominent milk white or whitish layer similar to mucus: stomach disorders.

More frequently, sclera spots are light brown impregnations that are interpreted as predispositions to liver disorders.

Other common markings are lipid deposits that can calcify due to inflammatory processes. Deposits are often vascularized by a web of perpendicular vessels which are a sign of inflammatory reactivity.

The features of sclera vessel can provide useful information.

Clearly visible solitary vessels pointing toward the iris edge are called pointers. They are considered as indicative of a suffering iris sector. A similar significance is attributed to tangential vessels and fork vessels which, once they have reached the area adjacent to the outer iris border, run perpendicularly to the border touching or delimiting iris areas which are considered as suffering.

Other vessels with abnormal features like dilatations, meanderings, spams, diffuse micro aneurysms can suggest a predisposition to circulatory or coagulation diseases.

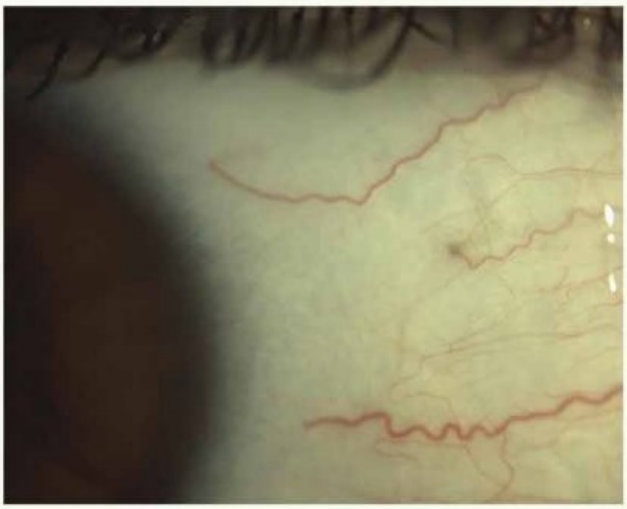
Some of these are attributed with specific names: Meander vessel, diving vessel, gun-barrel vessel, pressure-arc vessel, glomerular vessel, arachnoid vessel, ectasia vessel, Meander vessel delimited by two vessels of a smaller diameter. Each morphology is related to a pathological predisposition which, in any case, must be investigated using the diagnostic procedures of official medicine.

Gun-barrel vessel: two parallel vessels with different diameters. They are signs of hemorrhoids, lower limbs varicose veins and, in case of cirrhosis, portal hypertension and stomach varicose veins.

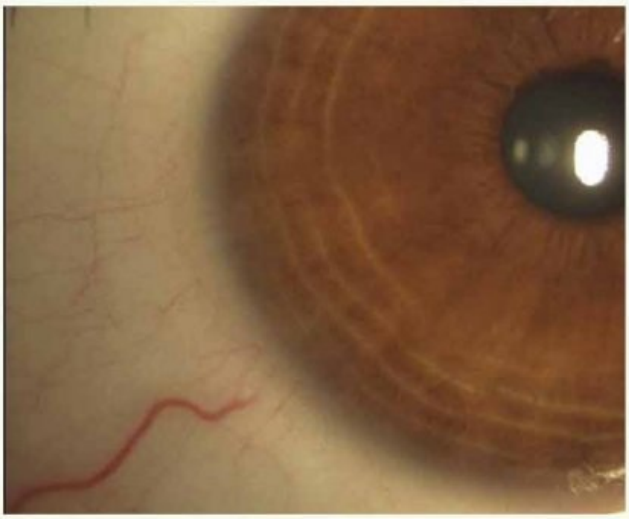
Meander vessel: large winding vessel delimited by two vessels of a smaller diameter. It suggests lower limbs varicose veins.

Pressure-arc vessel: arched vessel pointing toward the iris indicating a pathology

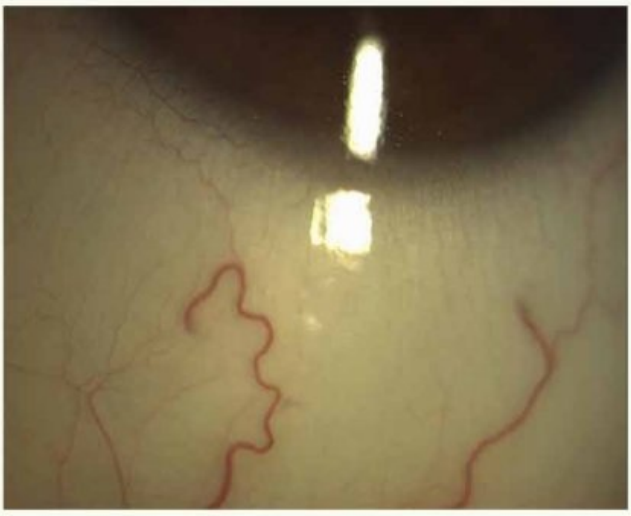
in the iris sector involved.
Ectasia vessel: dilated vessel related to blood stagnation caused by heart conditions, vascular disease, portal stasis.
Spindle-shaped vessel: vessel diameter narrowing progressively. It is indicative of vascular spasm caused by angina pectoris, Reynaud's syndrome, peripheral vascular diseases.
Porcelain vessel: milk-white, translucent vessel related to dyslipidemia, arteriosclerosis, metabolic syndrome.
Glomerular vessel: ball of capillars reminding of a renal glomerulus suggesting kidney diseases.
Arachnoid vessel: vessel reminding of a spider related to liver-gallbladder diseases and hydro electrolytic imbalance.
Fork vessel: vessel delimitating suffering areas.
Micro aneurysms: capillar fragility, diabetes, coagulation defects, vascular diseases.
Sclera capillaries are normally not visible or barely visible. They appear in case of inflammations or irritative pathologies of nearby organ areas.
The presence of abnormal sclera capillaries (dilatation, spasm, Meander vessels, thick net of capillaries, micro aneurysms) can be a sign of vessel or heart diseases or responses to ongoing inflammations.
In addition, the sclera can manifest pigmented toxic metabolites and gather lipid deposits and calcifications in case of altered fat metabolism (hypercholesterolemia, hypertriglyceridemia).



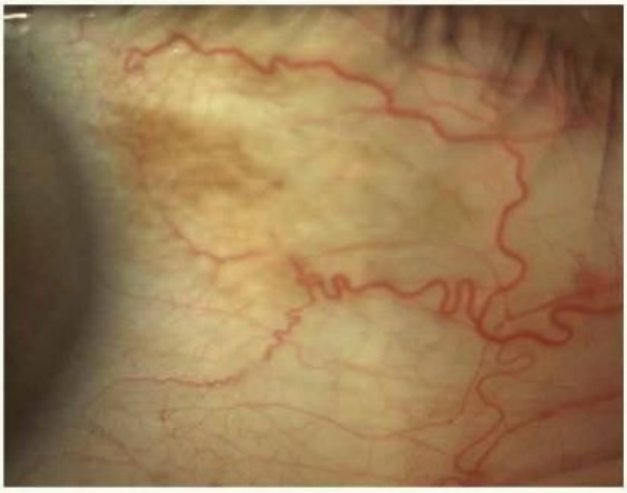
**Diving vessels**



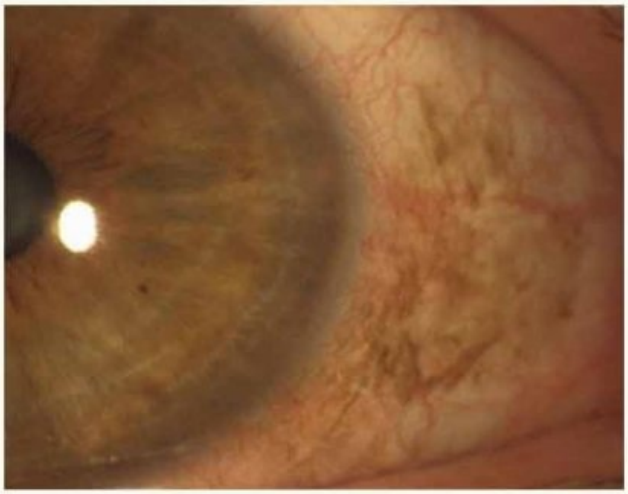
**Pointing diving vessels**



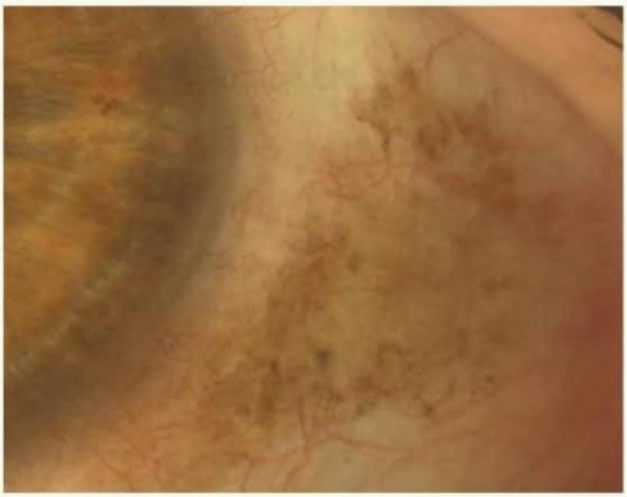
**Diving sclera vessels**



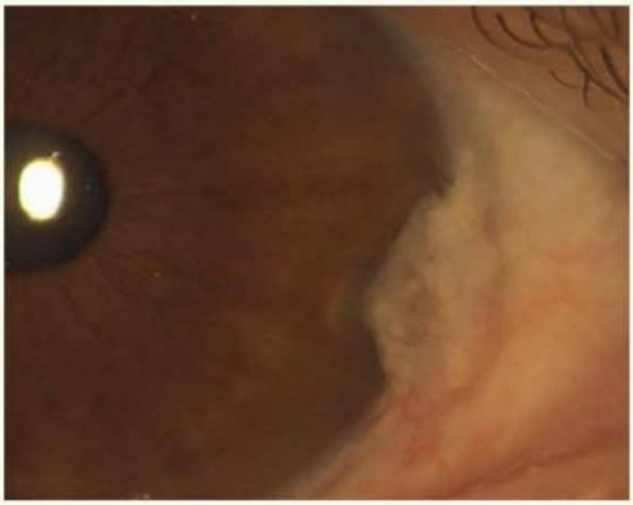
**Brown transparent sclera spot with neighboring dilated vessels and bluish aura**



**Light brown sclera spots**

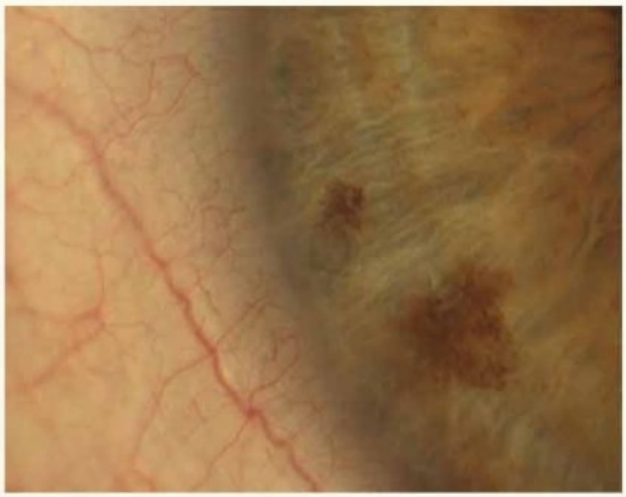


**Brown suffusion in the sclera**



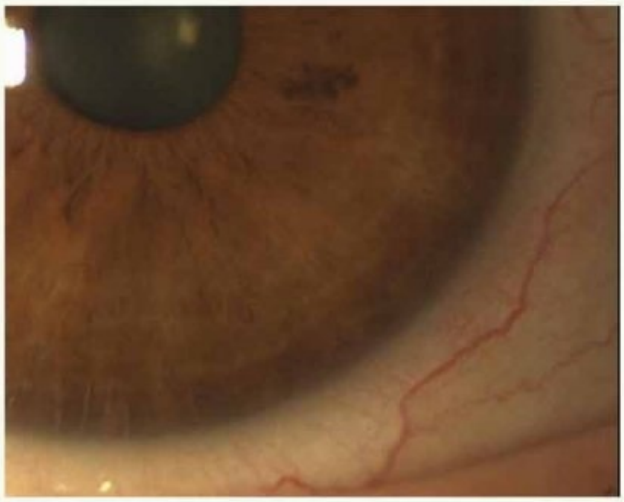
**Scleral lipidic deposit**

**Scleral lipidic deposit**

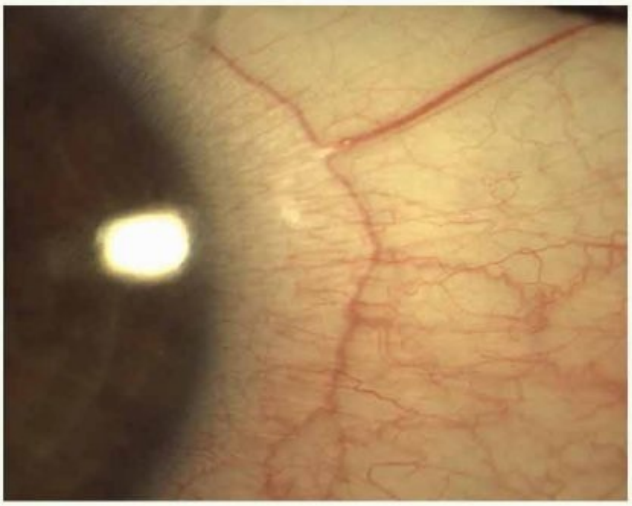


**Tangential sclera vessel and hazelnut-brown pigments in the iris**

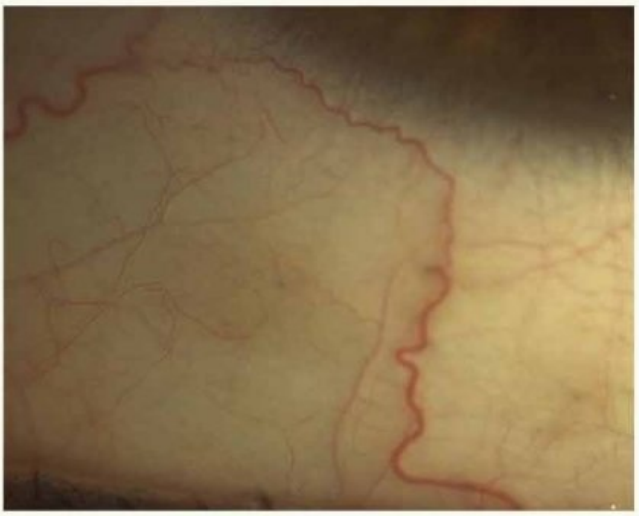
**Tangential sclera vessel and tophi in the iris**



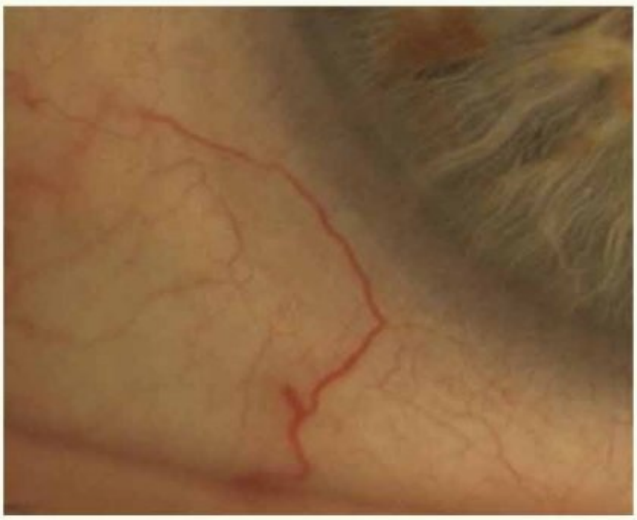
**Tangential sclera vessel and dark brown sclera pigment**



**Tangential fork vessel. It indicates suffering in the sector encompassed within the fork. (often trauma-related)**

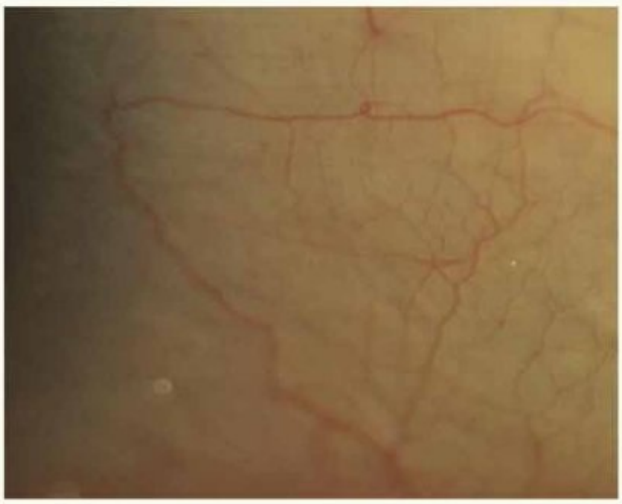


**Curved capillary (pressure arc) in the lower sector of the sclera with bluish aura in the iris**

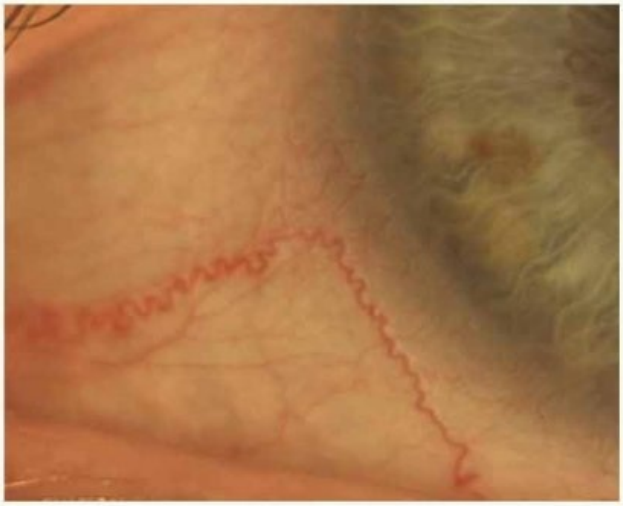


**Pressure arc capillary close to a bundle of white swollen fibers. Brown pigment in the iris**

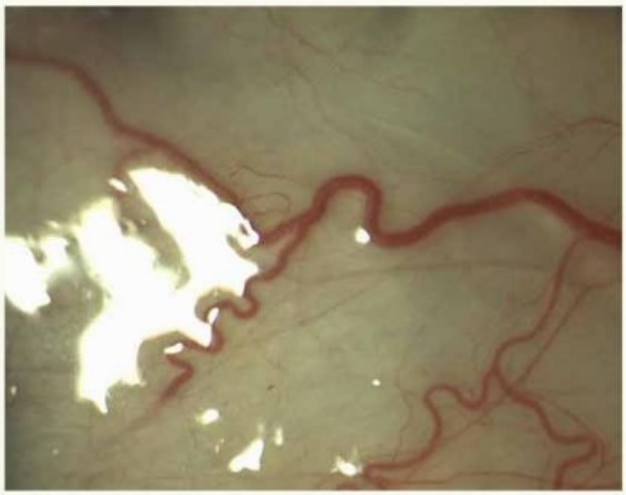
**Scleral vessel tangetial arc**



**Scleral vessel pointig arc**

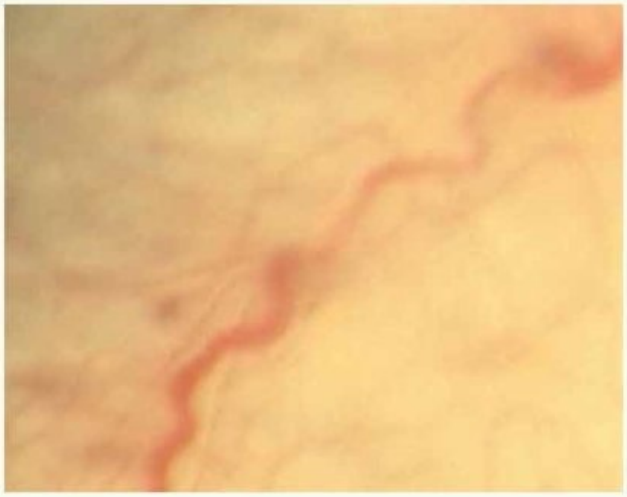


**Scleral vessel tangential arc**



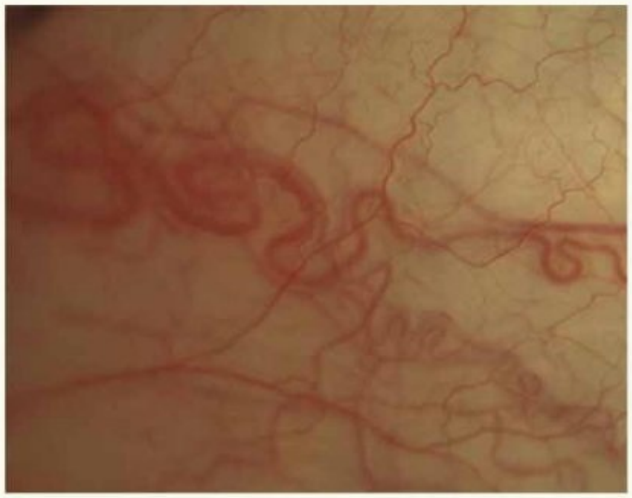
**Translucent dilated sclera vessel**

**Translucent dilated sclera vessel**



**Sclera vessel with narrowing of diameter caused by spasm**

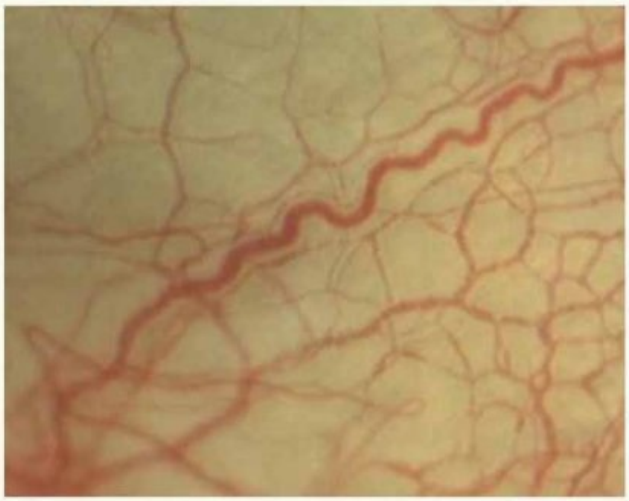
**Spasm of sclera vessel**



**Meander vessel. Winding and dilated sclera vessels covered by a transparent coat**

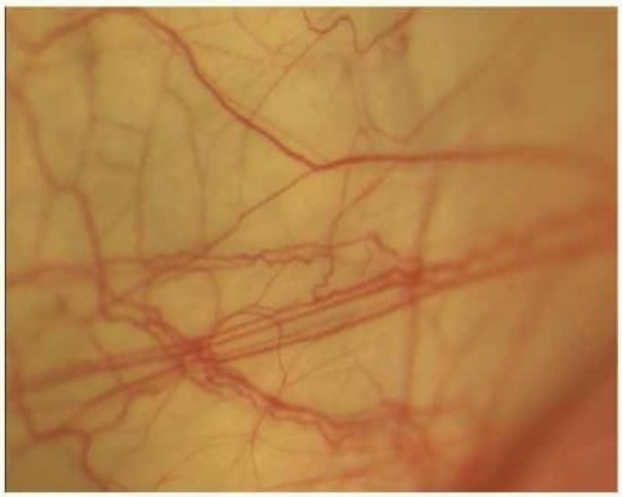
**Winding and dilated sclera vessels**

**Meander vessel delimited by two capillaries of a smaller diameter**

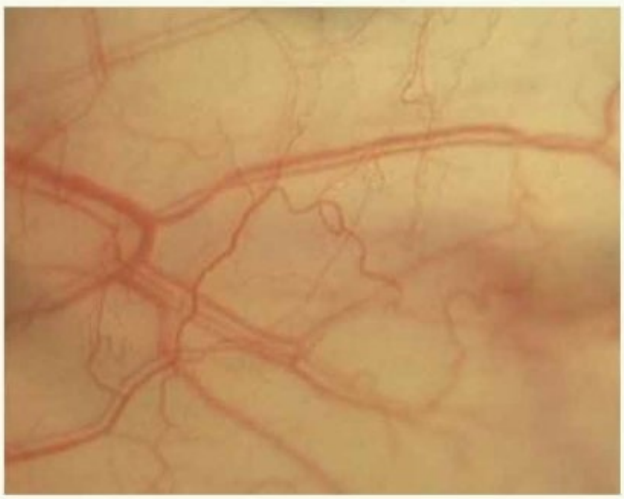


**Winding vessel enclosed within two capillaries of a smaller diameter**

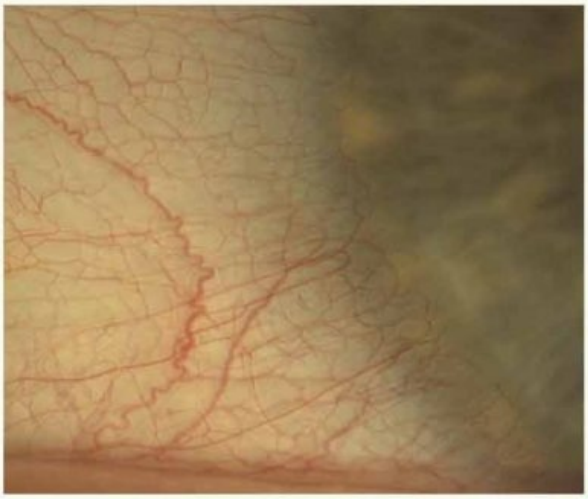
**Spindle-shaped dilatation in sclera capillary**



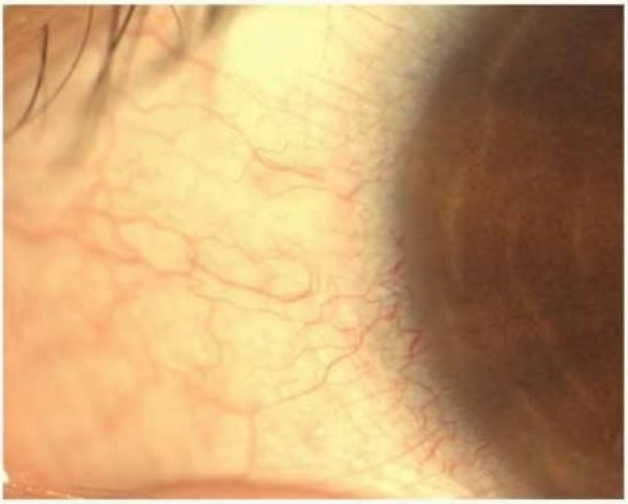
**Straight sclera vessels (gun-barrel vessels)**



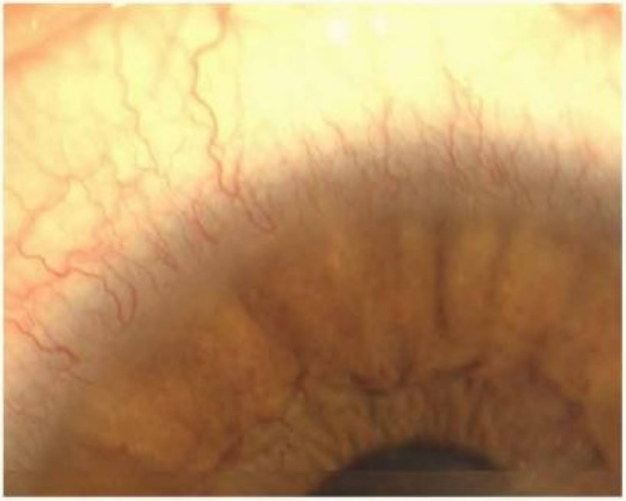
**Parallel sclera vessels**



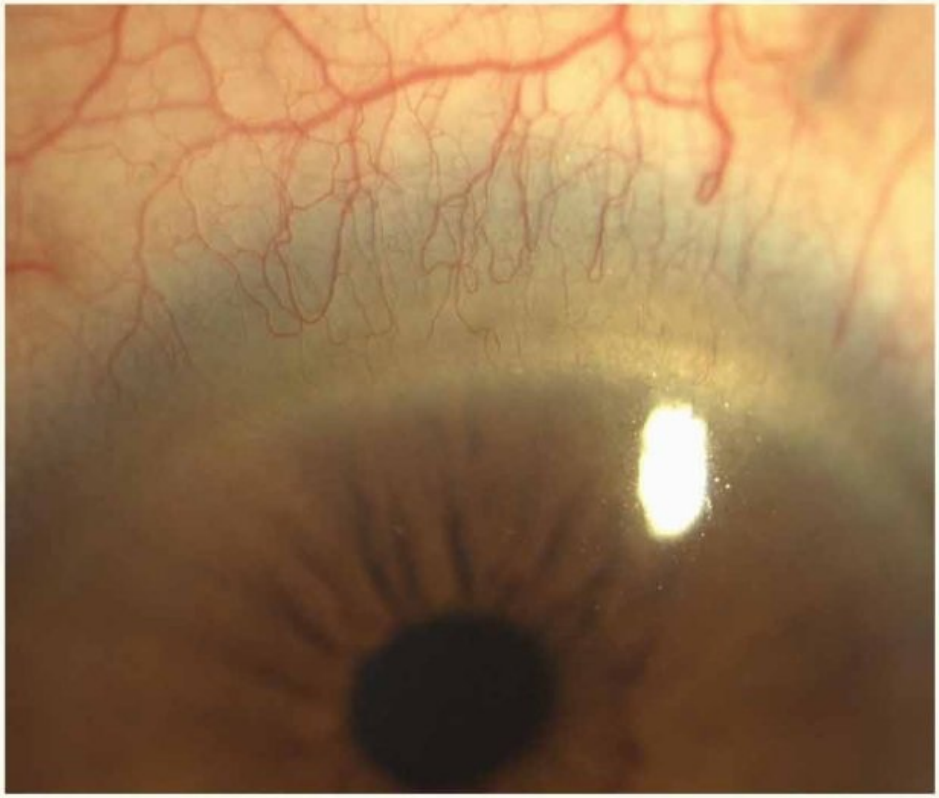
**Net of sclera vessels perpendicular to the outer iris margin and nearby pressure arc vessel**



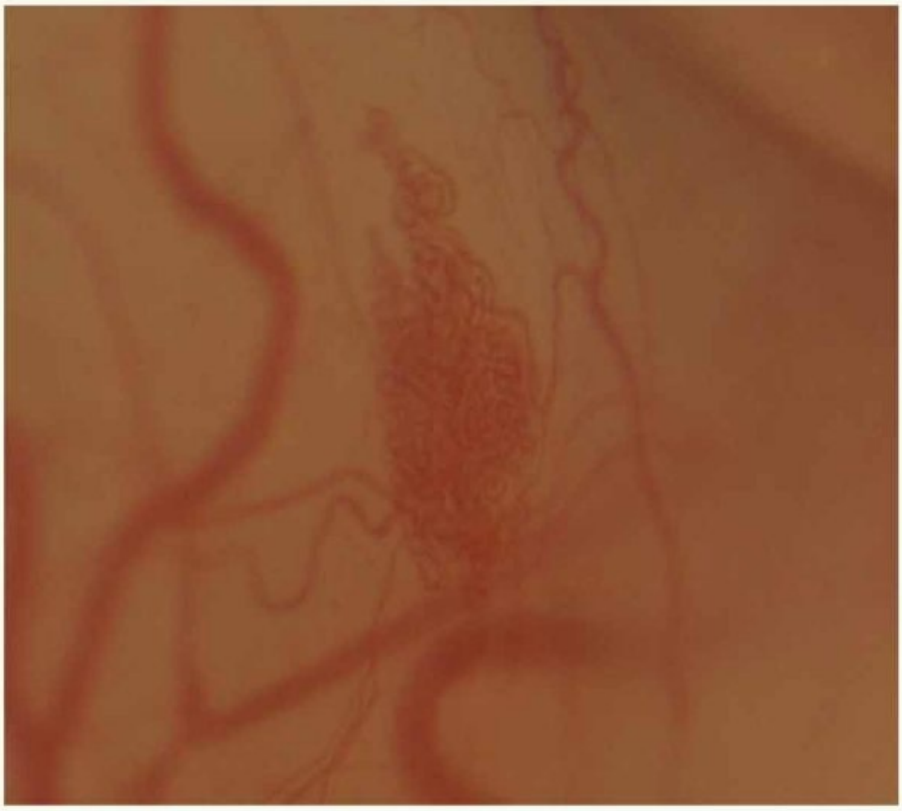
**Net of sclera capillaries attached to the outer iris border**



**Net of sclera capillaries perpendicular to the outer iris border and overlapping it**



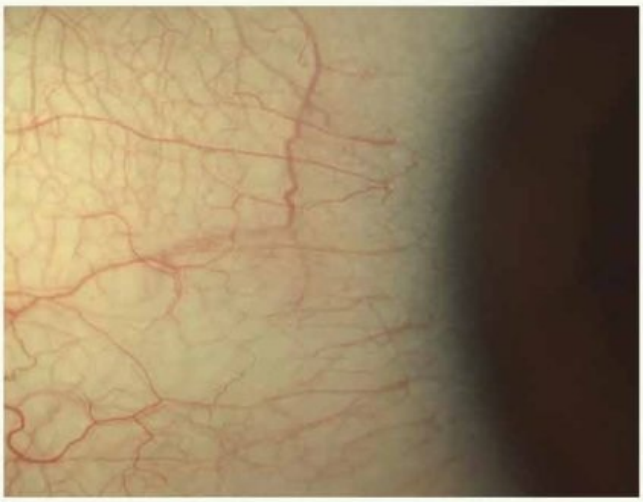
**Net of scera capillaries perpendicular to a cholesterinic ring and overlapping it**



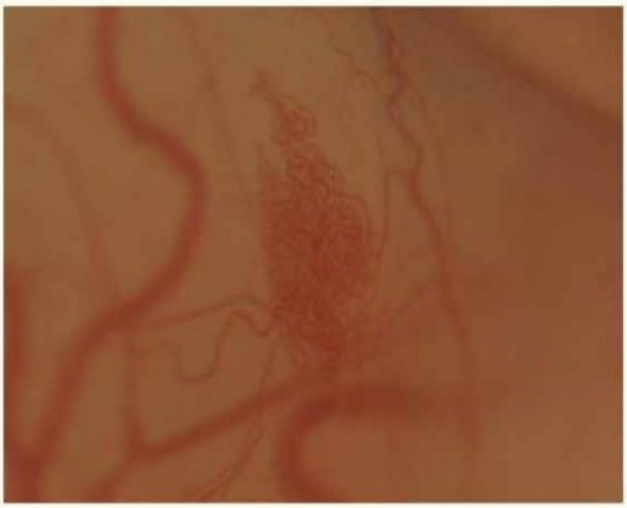
**Glomerular vessel**

**Sclera, microaneurysms close to a dilated vessel**

**Dilated porcelain ectasic vessel**



**Net of capillaries perpendicular to the iris and bluish aura**



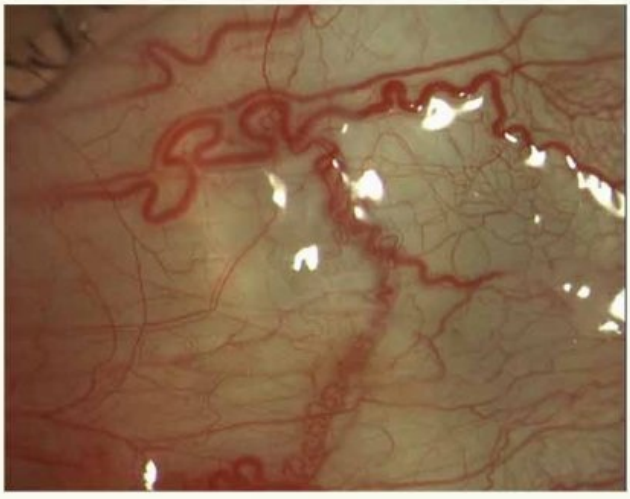
**Glomerular vessel**

**Arachnoid vessel**

**Arachnoid vessel**

**Prominent jelly-like coat over winding vessels and net of sclera capillaries**

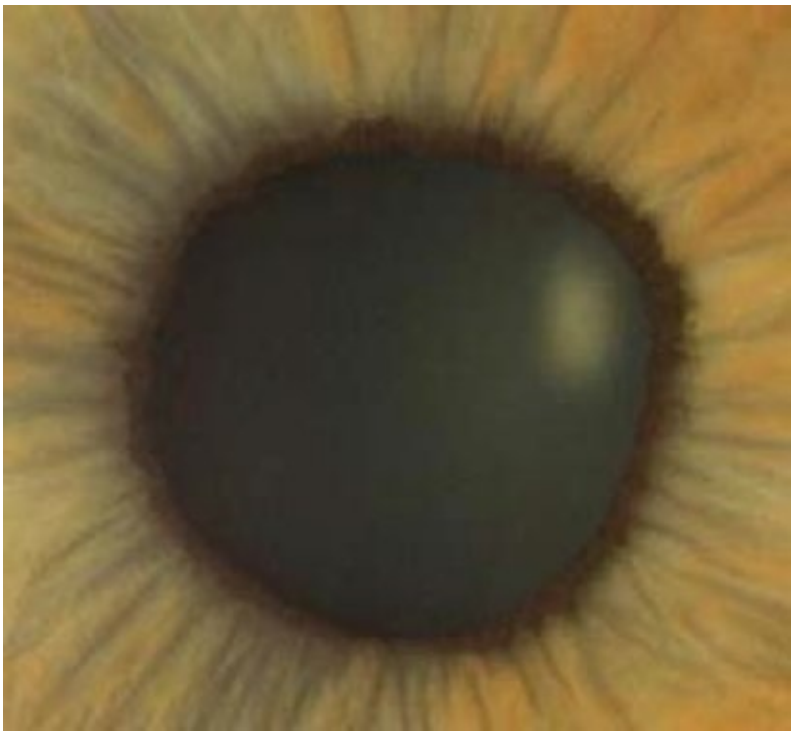
**Transparent jelly-like plaque next to dilated winding vessels**



**Winding sclera vessels covered by a transparent jelly-like coat**

# The Pupil

Pupil dilation is determined by the autonomic nervous system which is composed of two main regulators: the *sympathetic* nervous system and the *parasympathetic* one. The most recognizable effect of the autonomic nervous system on the human body is the response of the pupil to light intensity.



Pupil constriction ( *mydriasis* ) is caused by the parasympathetic nervous system while dilation ( *miosis* ) is prompted by the sympathetic one. These two systems regulate the functional response of all organs and balance one another. In general terms, the sympathetic nervous system is a stimulator which regulates defense and alert response whereas the parasympathetic one is a modulator which regulates inhibitory responses. By observing pupil dilation, it is possible to determine whether the patient has a sympathetic or a parasympathetic prevalence or a good autonomic nervous system balance.

Pupil dilation is also influenced by several medications and drugs. Mydriasis (dilation) can be caused by antispasmodics, antidepressants, amphetamines and eye drops; miosis (constriction) can be induced by opiates; a slow response to light stimulus can be produced by benzodiazepines (tranquilizers) or sleep-inducing medications. Encephalic damages (hematoma, hemorrhage, cerebral

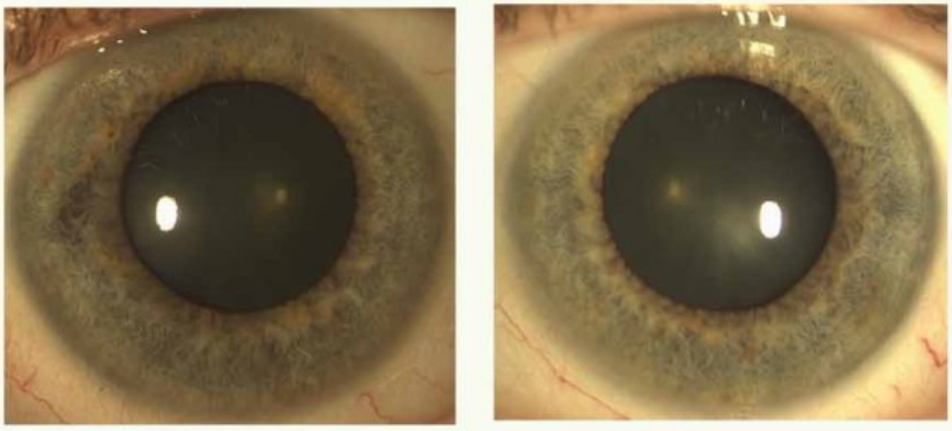
stroke) are also a cause of pupil dilation, which can be limited to one pupil if the damage is located in one single cerebral hemisphere (anisocoria) or else involve both pupils in case of bilateral damage. Alterations can also interest the inner pupillary border and provide the following signs: degranulation, depigmentation, loss of roundness, flattening, ovalization.
Normal pupils are alike, uniformly circular and located at the center of the iris. Any deviation from these features reveal weakness or imbalance.
Pupil alterations can be caused by organ distress or spinal column suffering.
The presence of adjacent collarette and ciliary body alterations can provide further insight.

# Pupil Markings

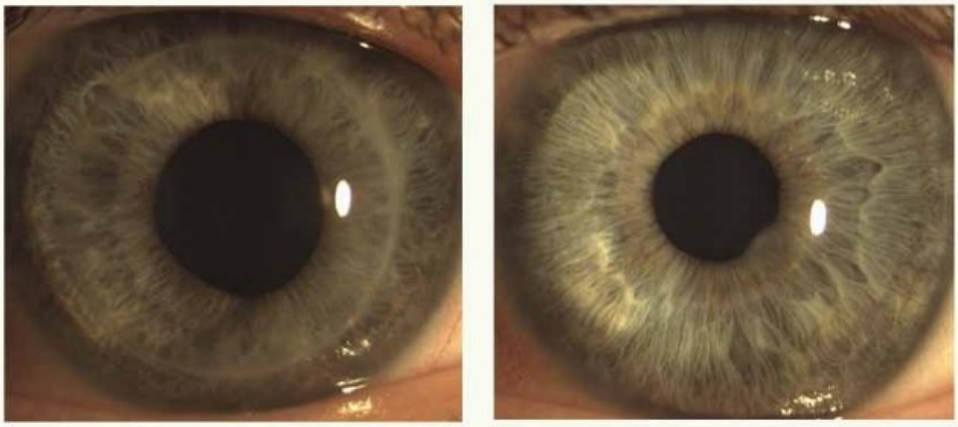
Size alterations. The difference in pupil size is called *anisocoria* and is a sign of cerebral suffering. The most damaged brain hemisphere is the one corresponding to the eye with a dilated pupil (mydriatic pupil). In case of *fixed mydriasis* of one or both pupils, there is a high probability of severe acute brain damage (spasm, ischemia, hemorrhage, cerebral thrombosis).
Pupil constriction (miosis) can result from narcotics overdose or exposure to toxic substances (insecticides). In acute miosis caused by severe intoxication, extremely constricted pupils are also called “pinpoint” pupils.
Unilateral pupil constriction or *unilateral miosis* is generally caused by a painful response to organ suffering: kidney cramps, liver cramps, pancreatitis, appendicitis, angina pectoris, optical nerve paralysis.
The Bernard-Horner’s syndrome, that involves only one eye (miosis, droopy eyelids, reduction in eye size), is an example of unilateral miosis with damages limited to the eye.
A rapid and rhythmic sequence of pupillary dilation and constriction unrelated to illumination is called *hippus.* It is a sign of high nervous reactivity, sensitivity, predisposition to energy exhaustion, use of stimulating substances. The desynchronization between the eyes is a worsening sign.
Pupillary alterations providing useful iridological information are the loss of roundness (ovalization, flattening), changes in pupil position (pupil decentration) and changes in the inner pupillary border (irregularities): ovalization, flattening, decentration, inner pupillary border irregularities, bridge.
Ovalization. Ovalizations consist in loss of roundness of the pupils which tend to elongate and flatten. Pupil axis can be symmetrical and parallel or lean in opposite directions (diverging ovalization). Ovalization can involve one eye

only. They suggest nervous irritability or organ distress.

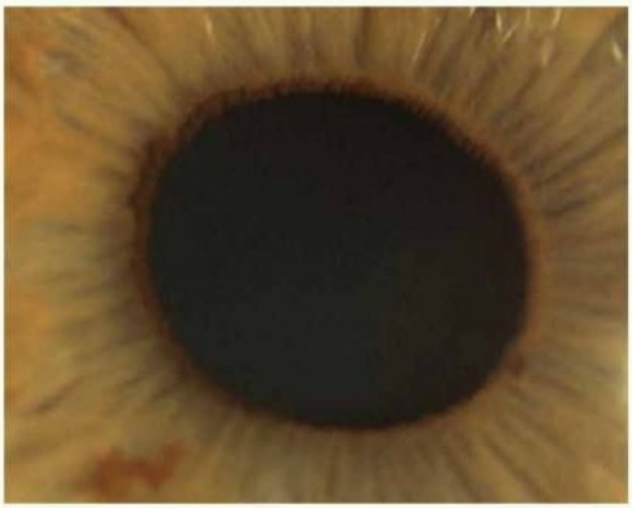
Vertical symmetrical ovalization can be related to cardiovascular or thyroid conditions whereas horizontal symmetrical ovalizations can suggest neurological diseases.
Symmetrical ovalizations inclined to the right or to the left can indicate weakness in the brain area corresponding to their inclination.
Diverging inclinations can delimit wide areas with their axes where possible organ distress can be located.
In case of ovalization of one pupil, the pupil's axis indicates the upper or lower suffering areas.
Flattening. Flattenings are related to suffering of the spinal column: frontal flattening / cervical column; lateral flattening / dorsal column; ventral flattening / lumbosacral column.
In case the flattening is located in the same "time slot" as accessory signs in the collarette or in the ciliary body (pigments, lacunae, crypts, tophi etc.), defects or suffering of organs projected in that area must be considered.
Pupil decentration. The pupil can lose its central position. Delocalization indicates a moving away from a suffering area. For example, a right pupil shifting toward 2 o'clock is moving away from the liver and gallbladder area (7 o'clock). This might suggest liver and gallbladder distress. Also, a left pupil moving toward the nasal sector should be related to possible heart or left lung suffering.
Bridge. It is a fiber in the collarette which crosses the pupil and ends in another part of the collarette or iris. It reveals an unstable nervous system.



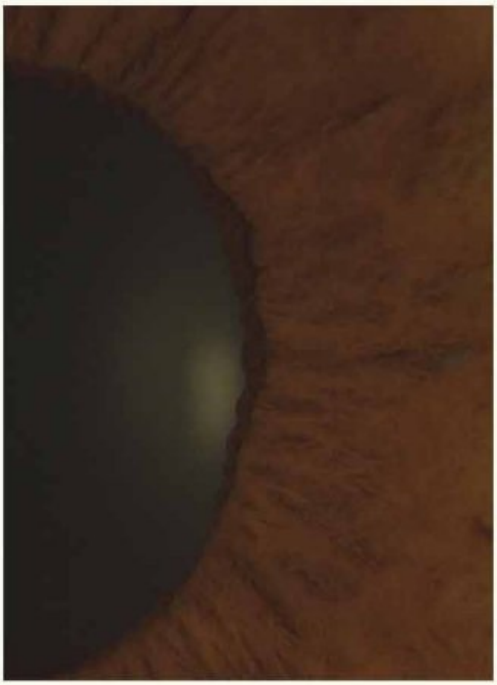
**Bilateral mydriasis, consequences of cerebral hemorrhage**



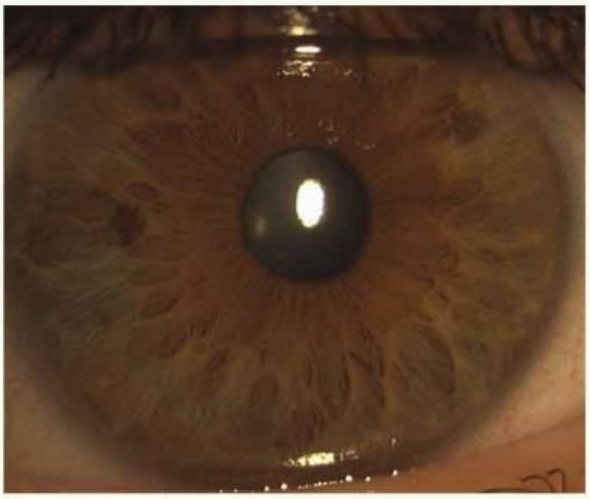
**Anisocoria. Right eye treated with atropine drops (corneal transplant)**



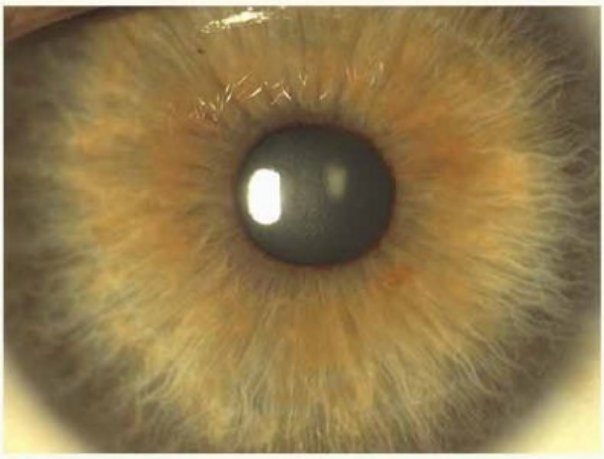
**Lateral ovalization. Brick-brown inner pupillary border associated with a lightened outer pupillary border**



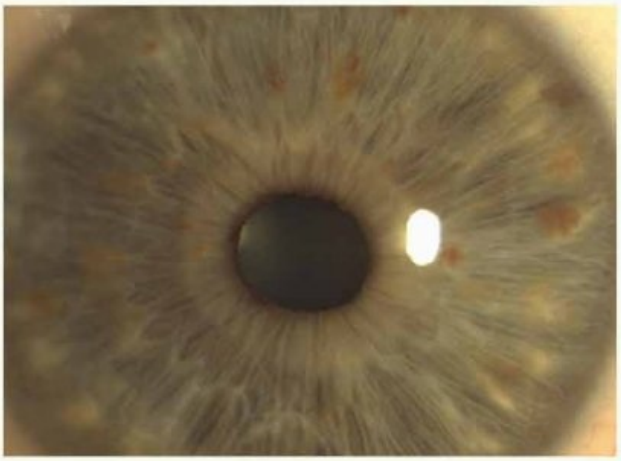
**Inner pupillary border: hypertrophy and rarefaction**



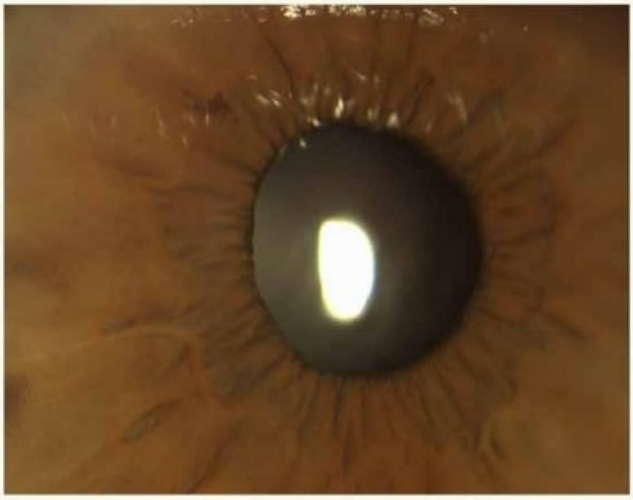
**Vertical ovalization**



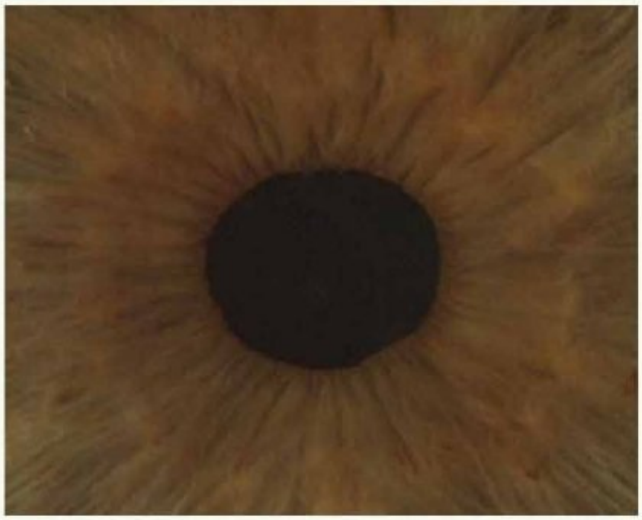
**Horizontal ovalization**



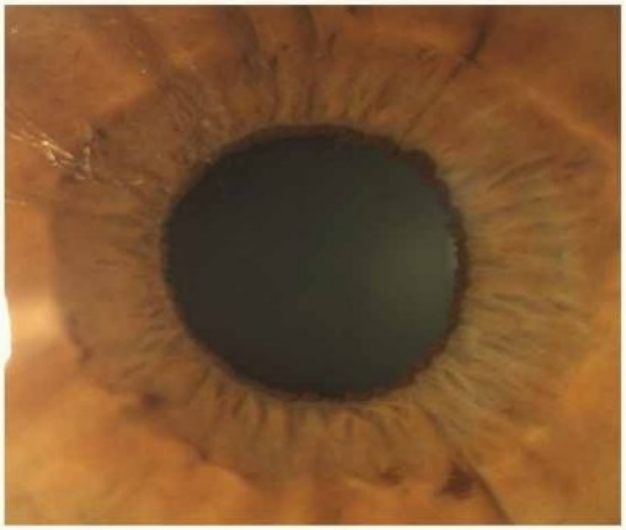
**Asymmetrical ovalization**



**Right lateral flattening**



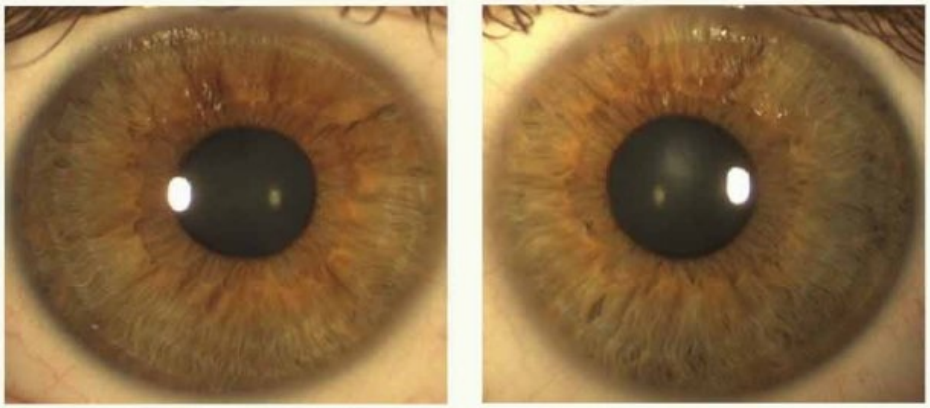
**Left lower flattening**

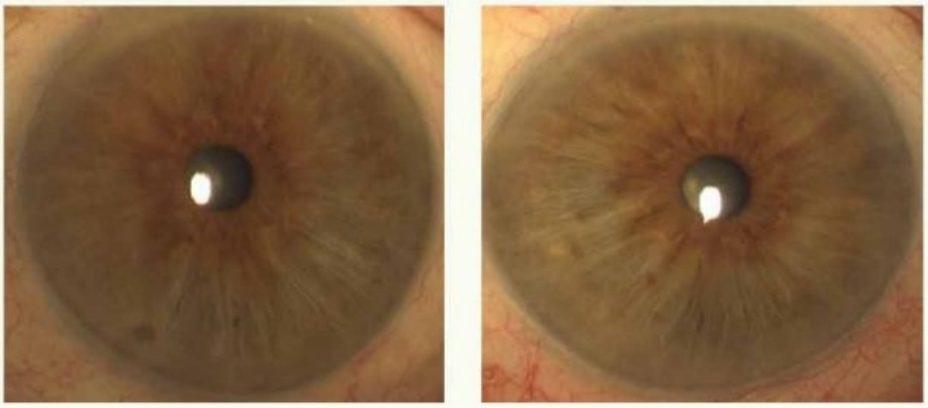


**Vertical ovalization more evident on the left side (flattening)**

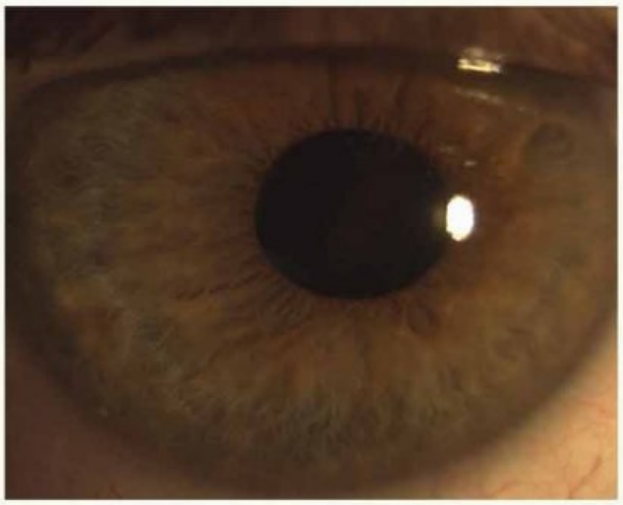
# Pupil decentration

**Pupils decentered toward the nasal sector**

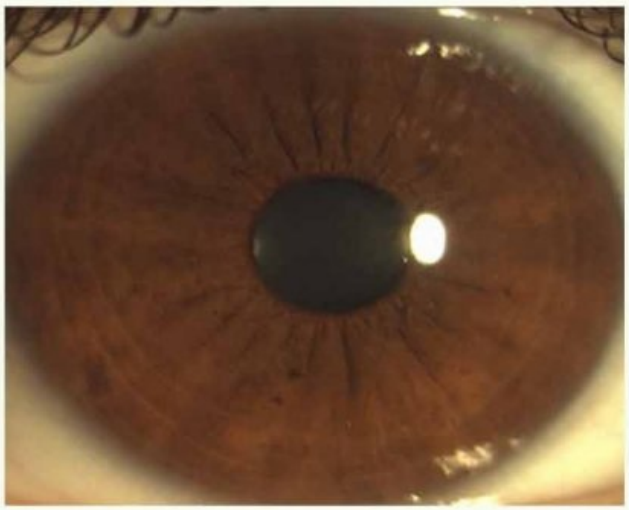




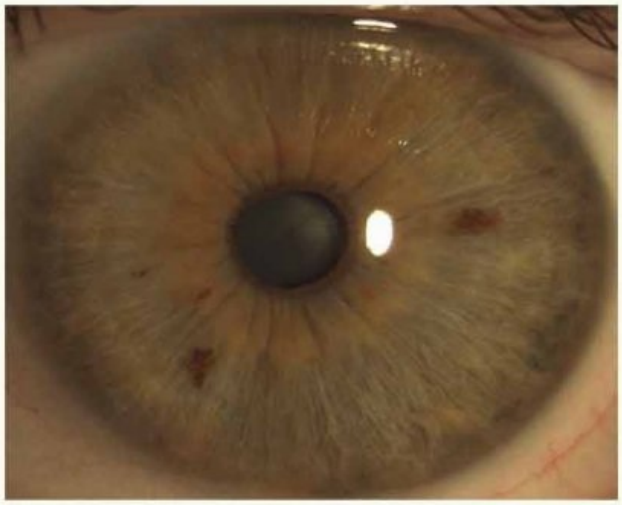
**Pupils decentered towards the temporal sector**



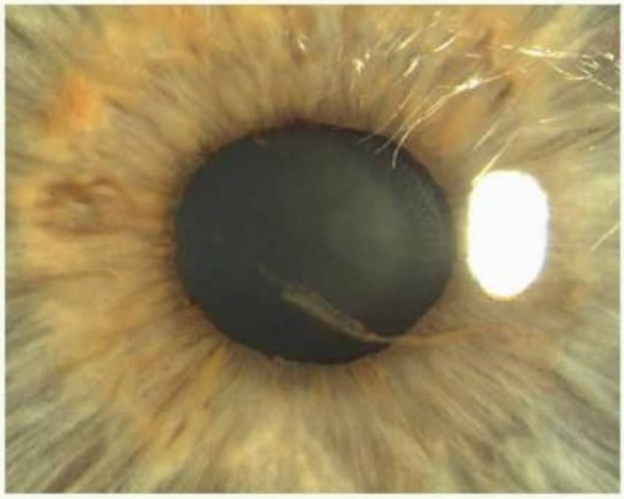
**Pupil decentered to the left**



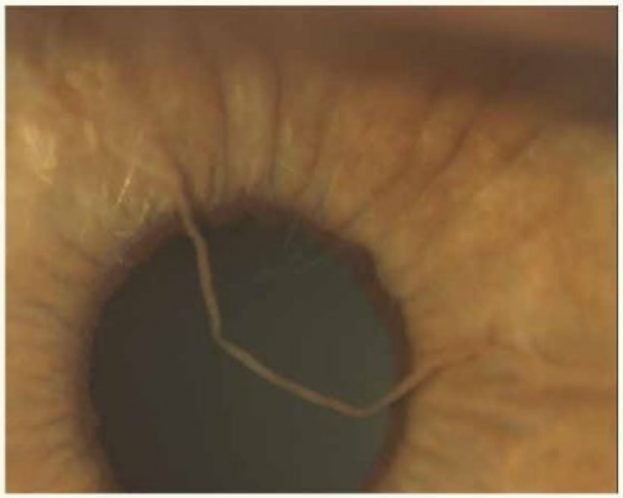
**Pupil decentered to the left**



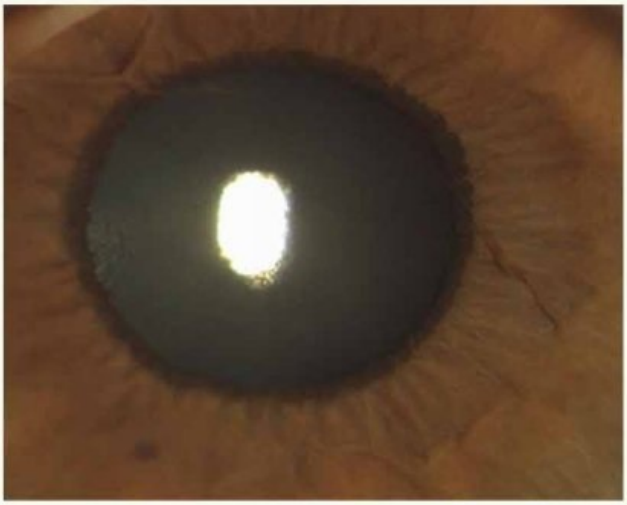
**Pupil decentered to the right**



**Frayed fiber bridging over the pupil (Koch's bridge)**



**Kock's bridge**



**Swollen fiber joining two distant points in the wreath by bridging over the pupil (Kock's bridge)**

# Inner Pupillary Border

The inner pupillary border corresponds to the portion of the inner ocular chamber wall that brims over the pupillary margin. In good health conditions, the border is reddish brown, compact, granular and regular. It provides information on nervous system resources and overall vital resources (organic defenses, resistance). Absence of inner pupillary border, flattening, interruptions, increase in thickness, swellings and loss of color are all signs of distress.

Increase in thickness (hypertrophy). It indicates an increase in nervous reactivity and functional responses. A partial hypertrophy indicates nervous and functional over excitability of the organs projected in the areas adjacent to the hypertrophy.

Hypotrophy. Atrophy. The reduction of the thickness to a thin filament is associated with a decrease in vitality, weakened organic defenses and memory, melancholy. The absence of the ring is related to cognitive degeneration.

Absent (atrophic) ring. It is a sign of lack of energy. Predisposition to depression, weakened organic defenses, early aging, senile dementia.

Patho-chromic ring. A ring made of thin whitish filaments alternated with atrophy, abnormal pigmentation or greyish discoloration is a sign of nerve damage caused by nutritional imbalance, abuse, cognitive degeneration.

Neurasthenic ring. A thin coral-red ring associated with nervous over-reactivity that can indicate chronic tiredness and nervous breakdown.

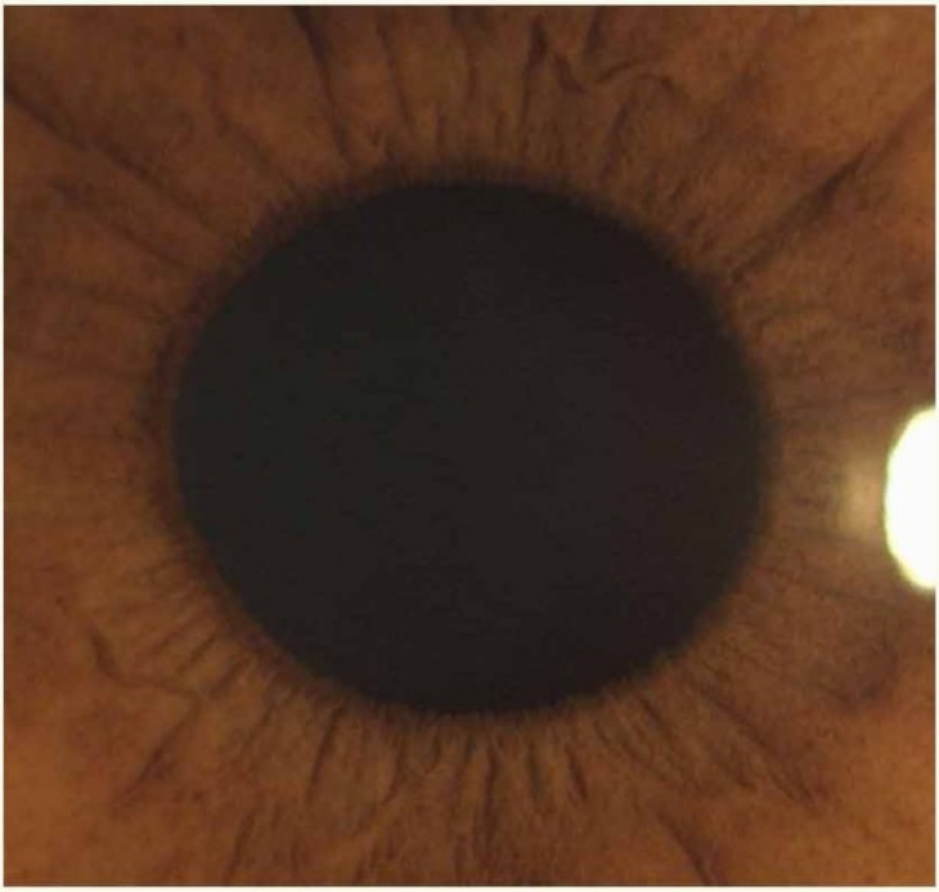
Alternations. The partial absence of the inner pupillary border (atrophy) combined with a partial increase in thickness (hypertrophy) reveals a nervous reactivity imbalance (mood swings, unpredictable responses, bipolar disorder).

The protrusion of the granular composition of the inner pupillary border in the shape of pedunculated strips similar to polyps (ectropion) or protruding granularities can be a sign of nervous control disorders (stammer, tics, mood swings, insomnia).

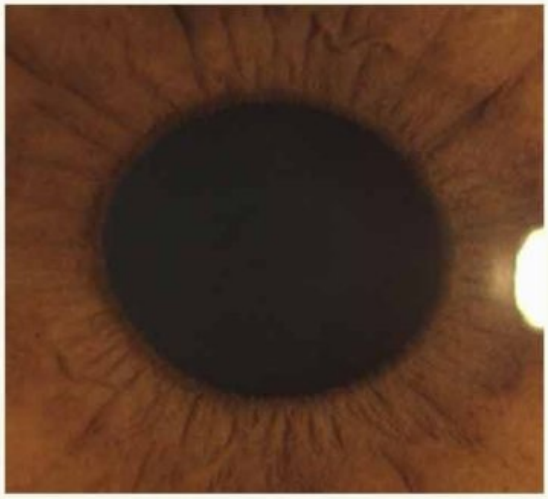
The colors of the inner pupillary border are associated to predispositions: Reddish brown: normal condition. Coral-red, red hues of brown: nervous over-susceptibility (nervous erethism). Dark, blackish, black: depression. Loss of color (depigmentation): early aging, senescence.

Abnormal inner pupillary border. The granural composition and the appearance of the inner pupillary border can take up various forms which have been associated to several pathologies. When the irregularities involve the whole border, nervous or systemic functional disorders are to be considered whereas sectorial irregularities can suggest nervous or functional disorders in the organs

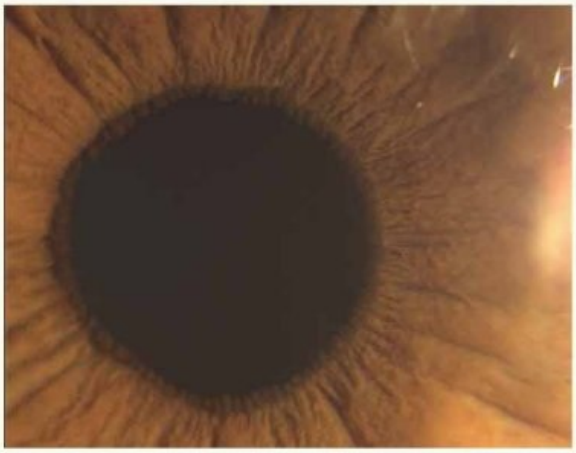
projected in the adjacent iris sectors.



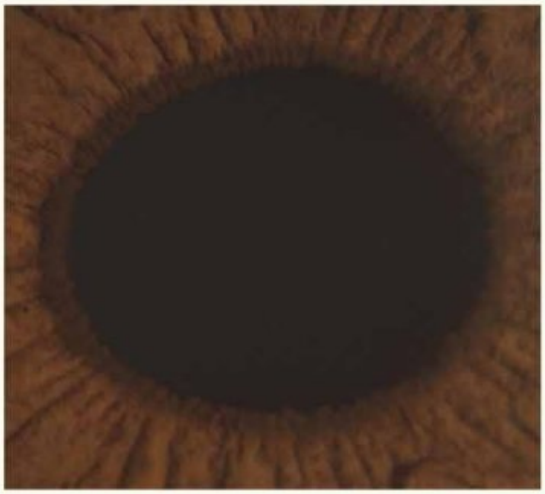
**Regular inner pupillary border with uniform pigmentation. Normal condition.**



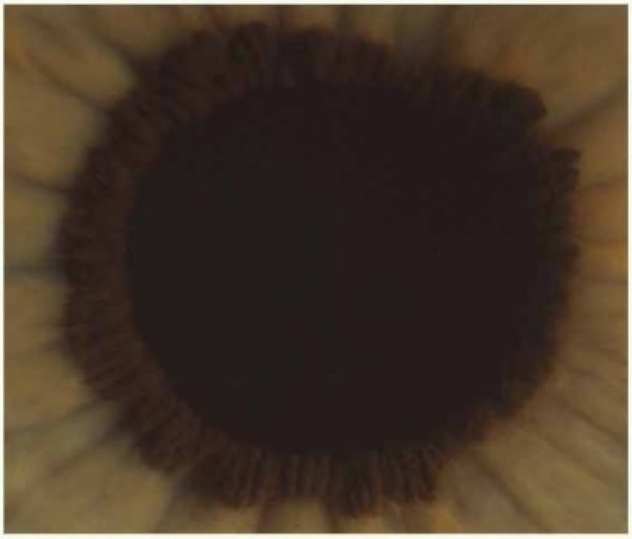
**Regular inner pupillary border with uniform pigmentation. Normal condition.**



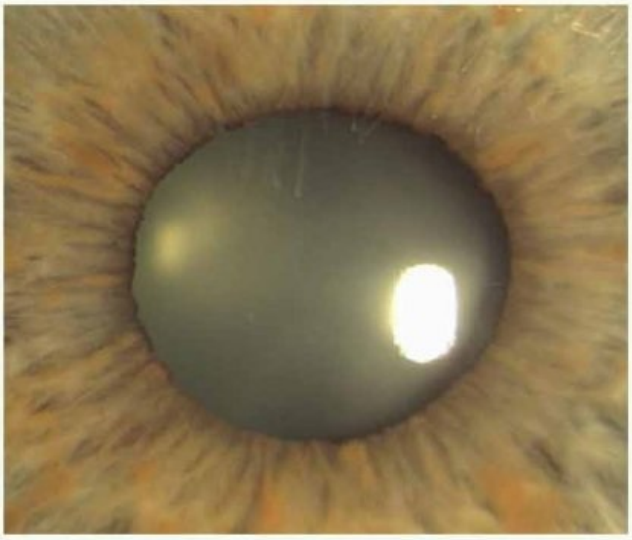
**Right inferior flattening**



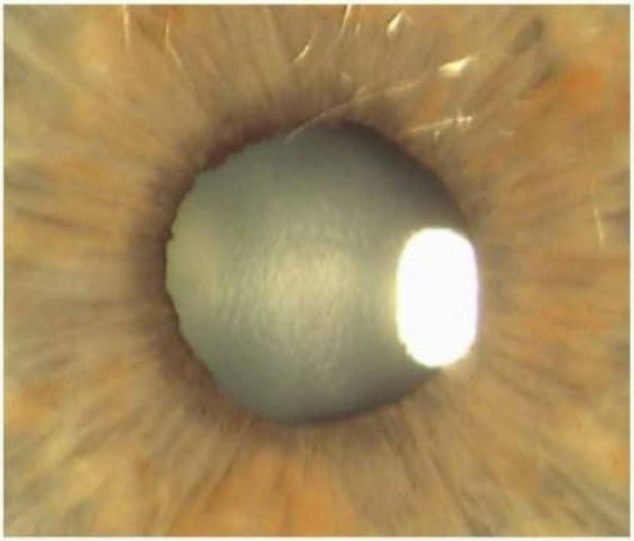
**Horizontal ovalization, right part of the inner pupillary border thicker than the left one**



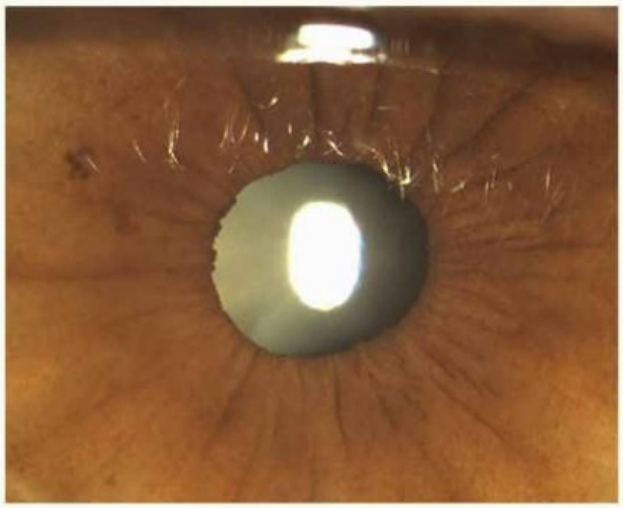
**Granular hypertrophy of the inner pupillary border with protrusion in the gastric ring**



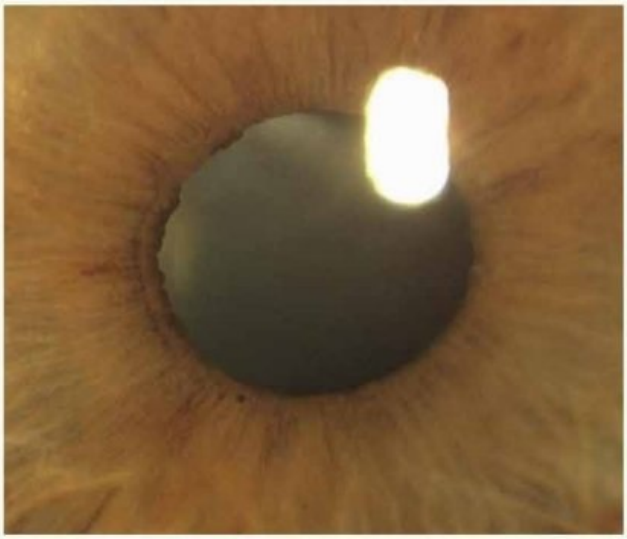
**Atrophic and hypotrophic inner pupillary border with left inferior flattening**



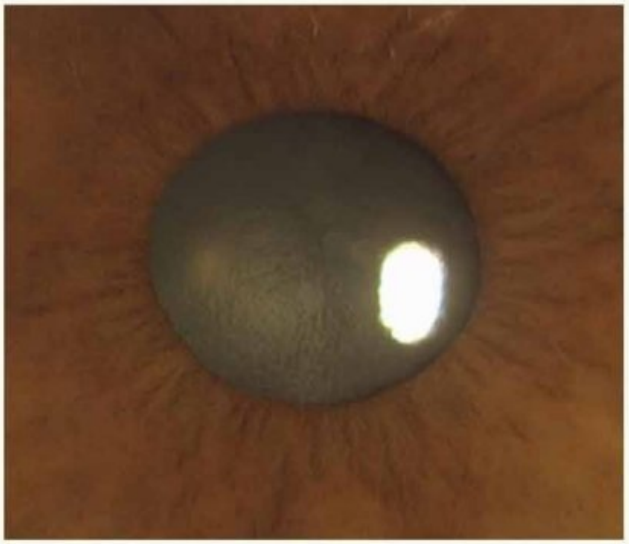
**Atrophic inner pupillary border with residual granularity and left inferior flattening**



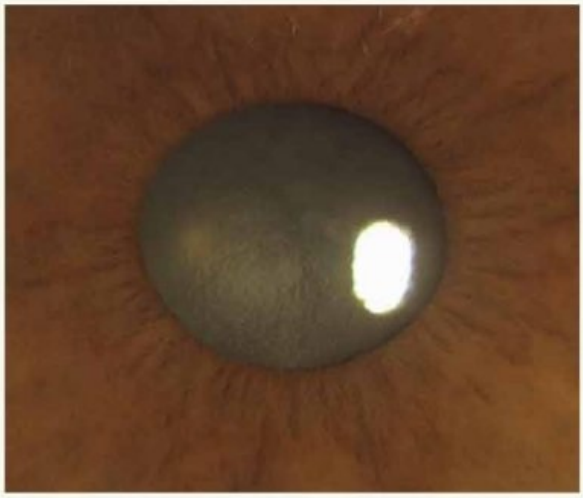
**Hypo-atrophic inner pupillary border. Left inferior flattening**



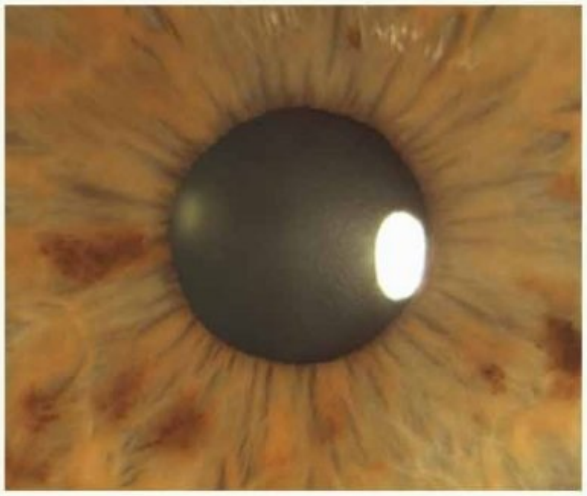
**Inner pupillary border with occasional irregular granulosity and atrophy**



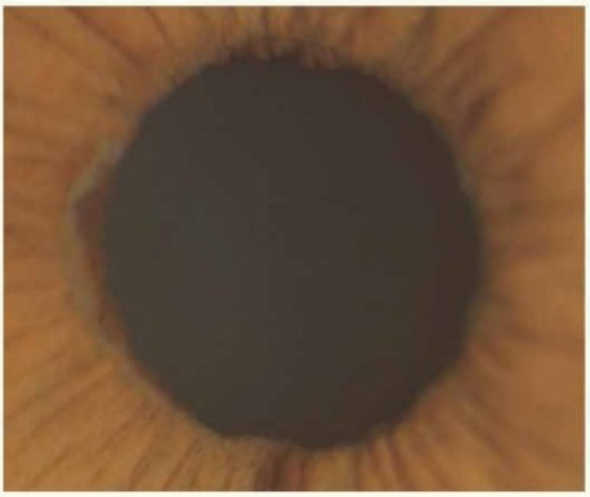
**Atrophic inner pupillary border**



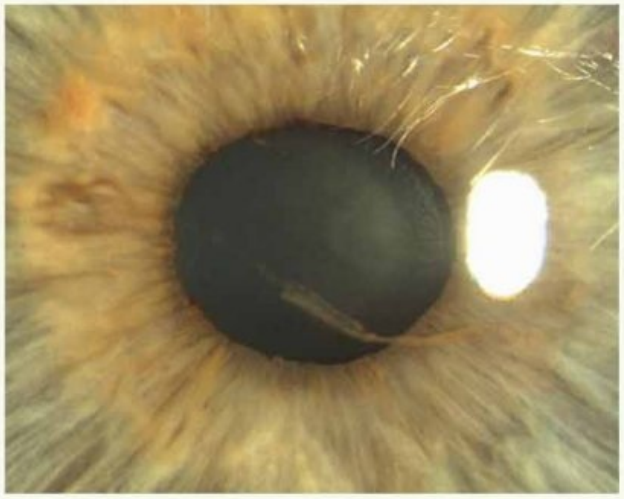
**Atrophic inner pupillary border**



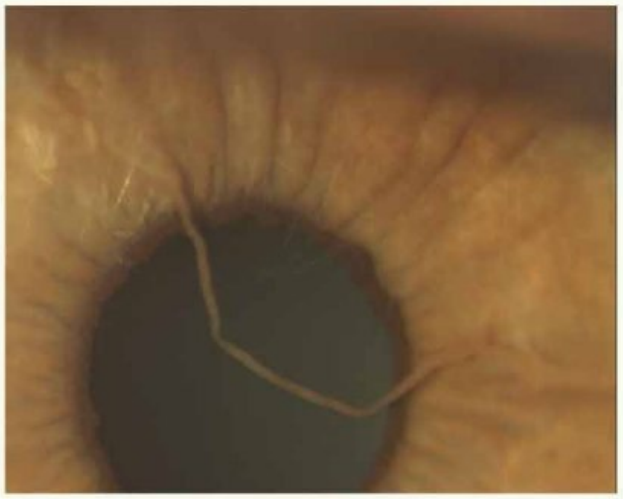
**Atrophic inner pupillary border**



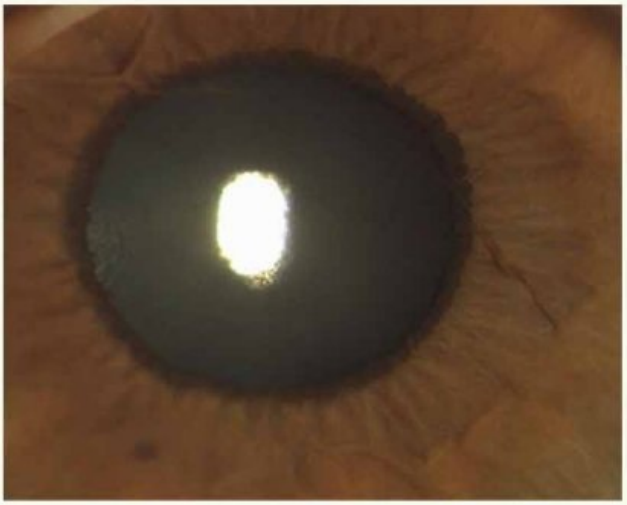
**Inner pupillary border showing a reddish hypertrophic granularity alternating with whitish depigmentation, irregular granularity and atrophy**



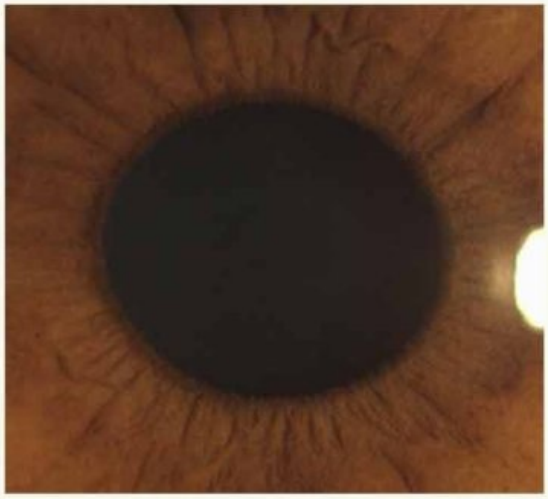
**Frayed fiber bridging over the pupil (Koch's bridge)**



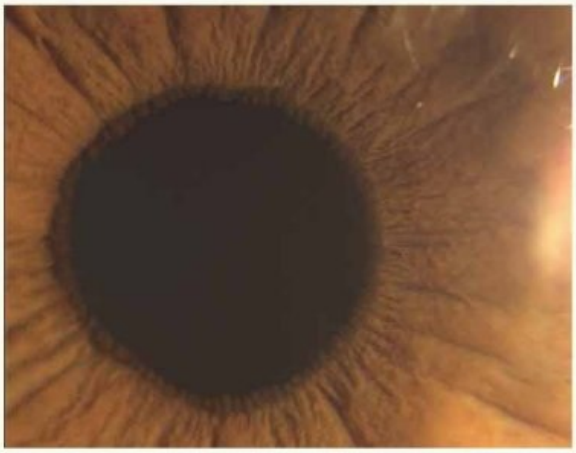
**Kock's bridge**



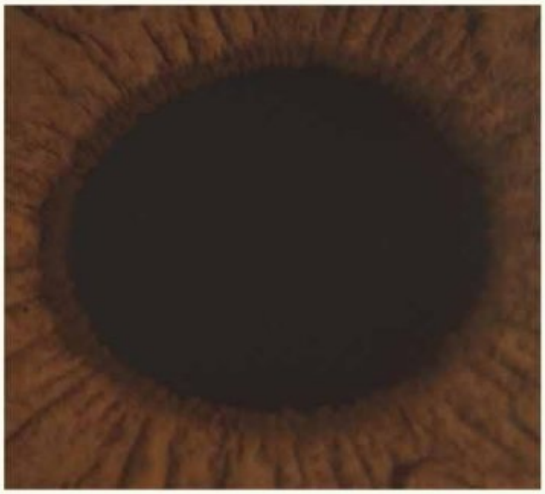
**Swollen fiber joining two distant points in the wreath by bridging over the pupil (Kock's bridge)**



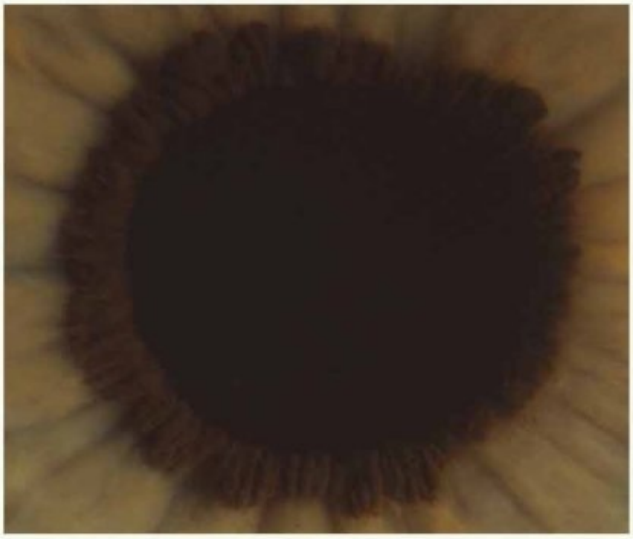
**Regular inner pupillary border with uniform pigmentation. Normal condition.**



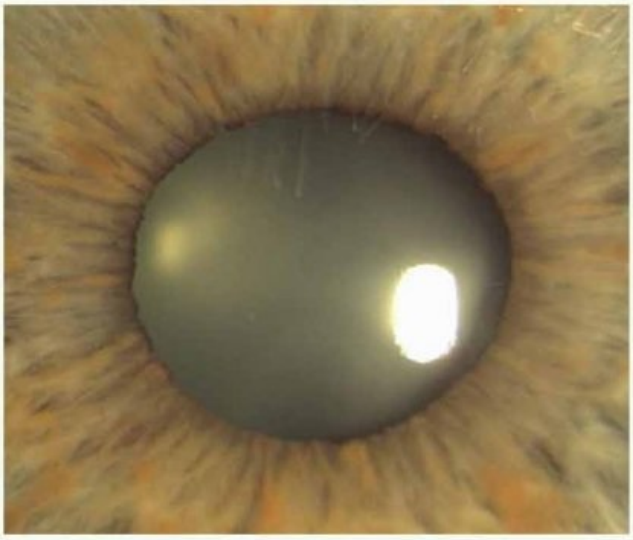
**Right inferior flattening**



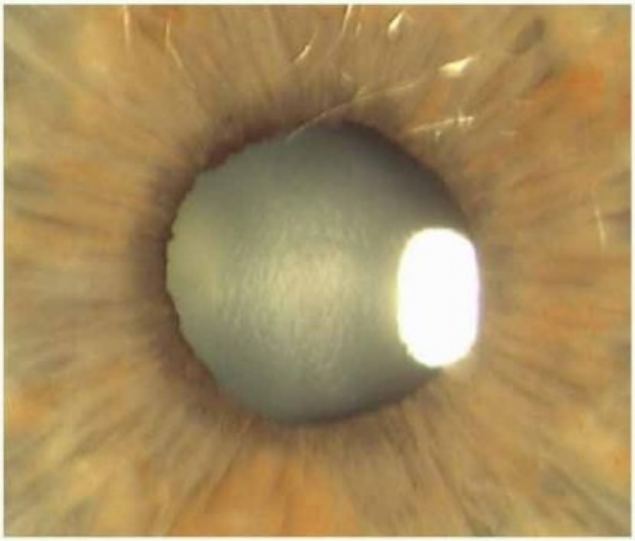
**Horizontal ovalization, right part of the inner pupillary border thicker than the left one**



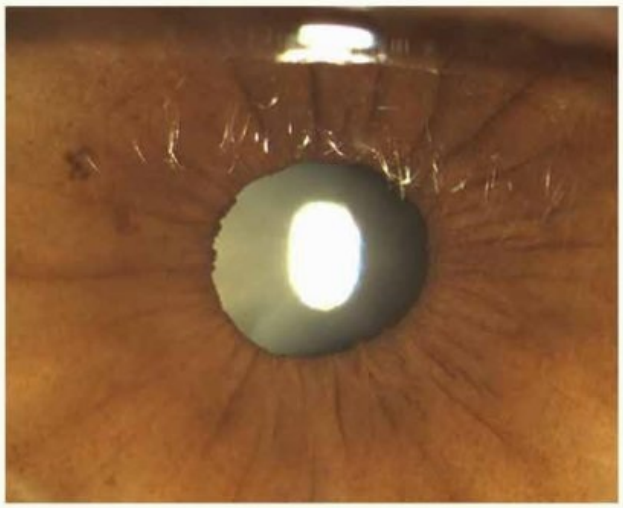
**Granular hypertrophy of the inner pupillary border with protrusion in the gastric ring**



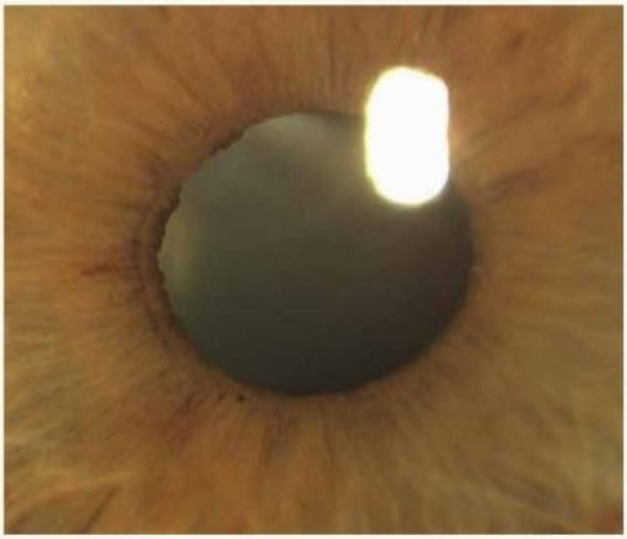
**Atrophic and hypotrophic inner pupillary border with left inferior flattening**



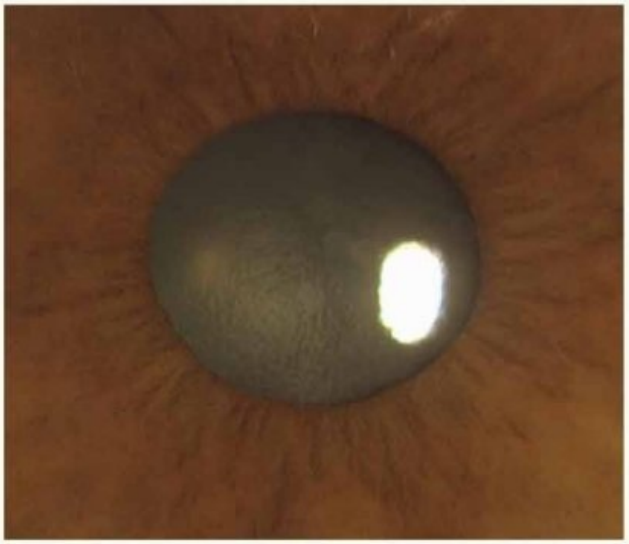
**Atrophic inner pupillary border with residual granularity and left inferior flattening**



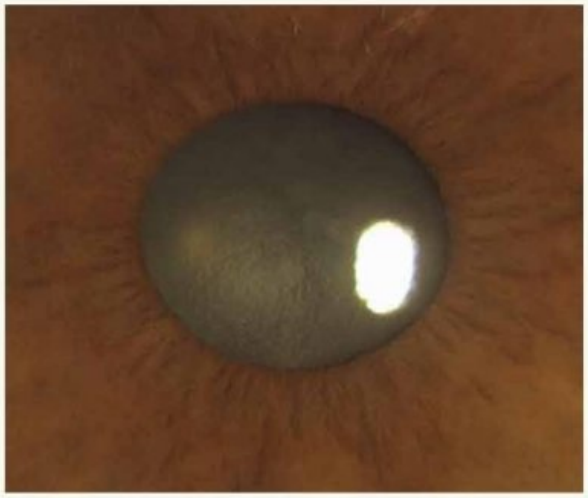
**Hypo-atrophic inner pupillary border. Left inferior flattening**



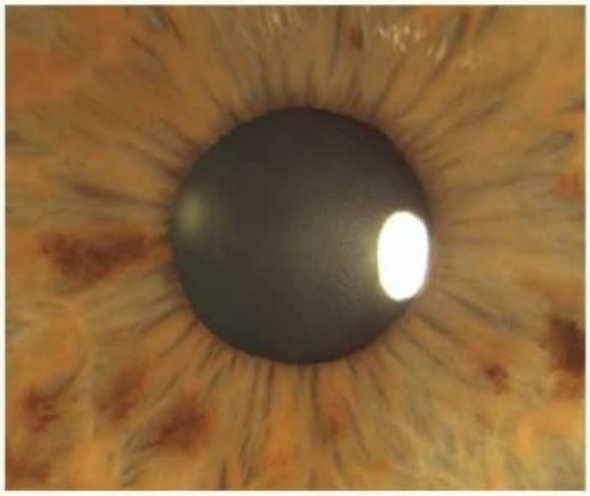
**Inner pupillary border with occasional irregular granulosity and atrophy**



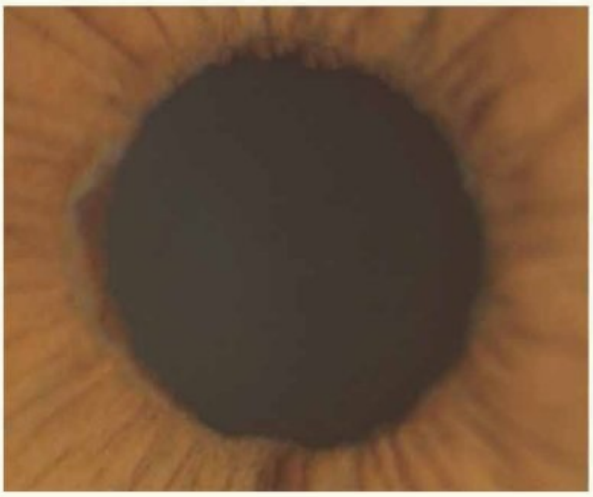
**Atrophic inner pupillary border**



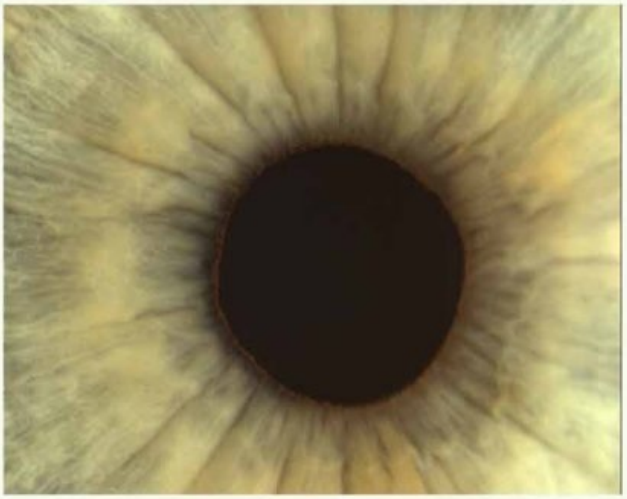
**Atrophic inner pupillary border**



**Atrophic inner pupillary border**

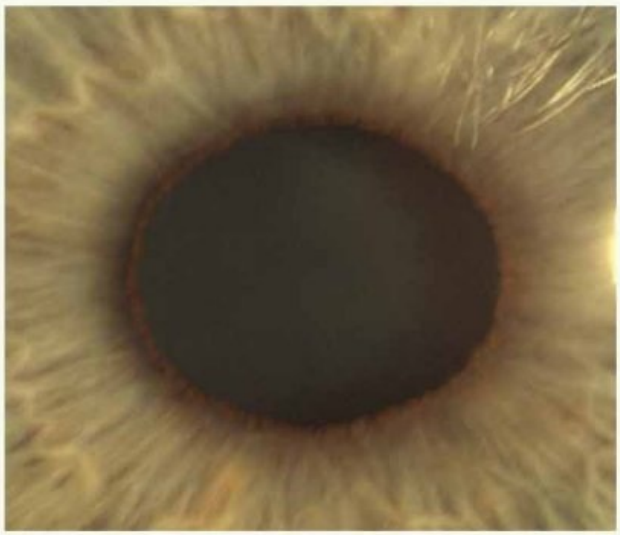


**Inner pupillary border showing a reddish hypertrophic granularity alternating with whitish depigmentation, irregular granularity and atrophy**

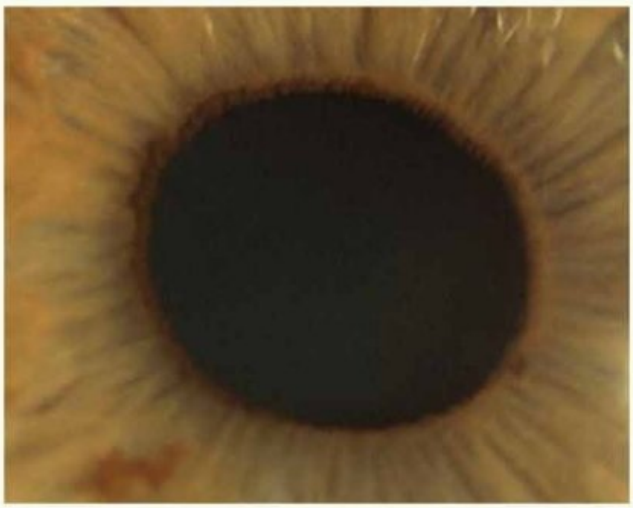


**Coral-red inner pupillary border**

**Hypertrophic inner pupillary border with irregular thickness and reddish pigmentation associated with a vertically ovalized pupil**

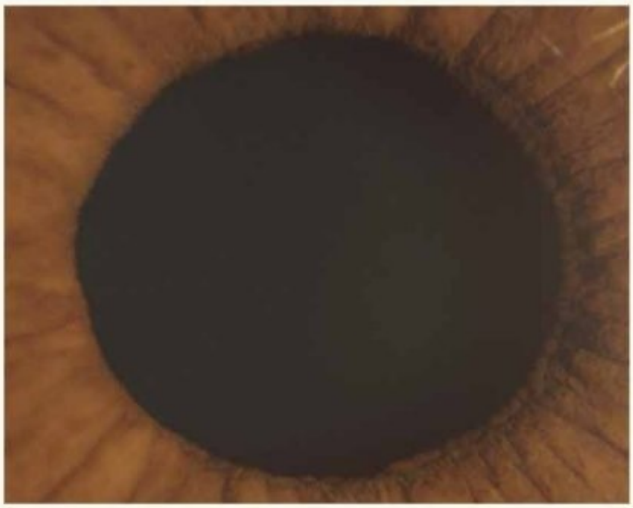


**Coral-red inner pupillary border and horizontally ovalized pupil**

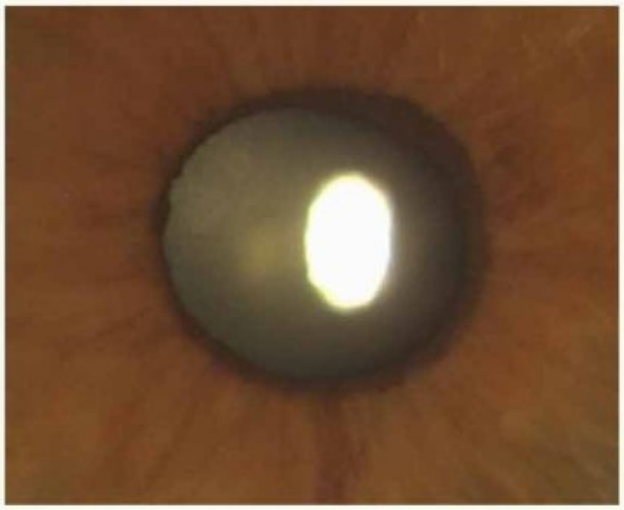


**Lateral ovalization. Brick-brown inner pupillary border associated with a lightened outer pupillary border**

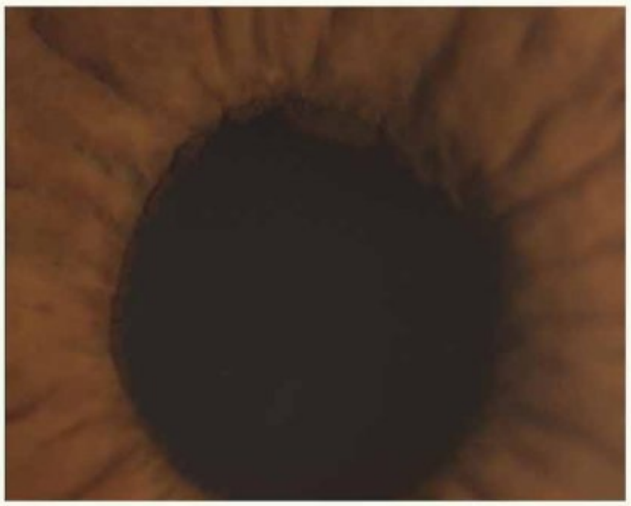
**Inner pupillary border: hypertrophy and rarefaction**



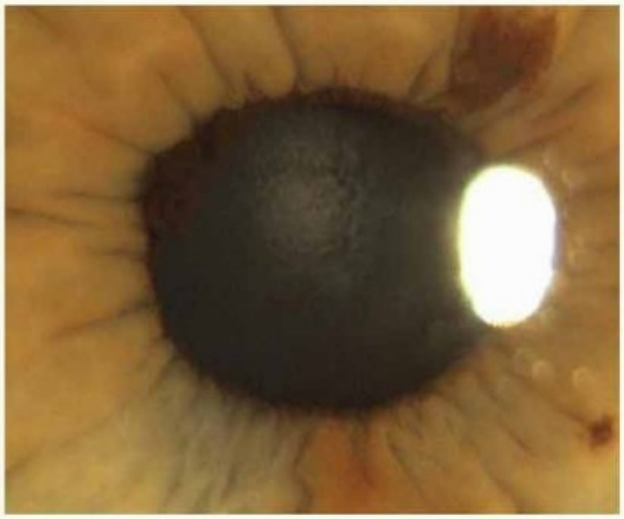
**Right atrophy and left hypertrophy of the inner pupillary border**



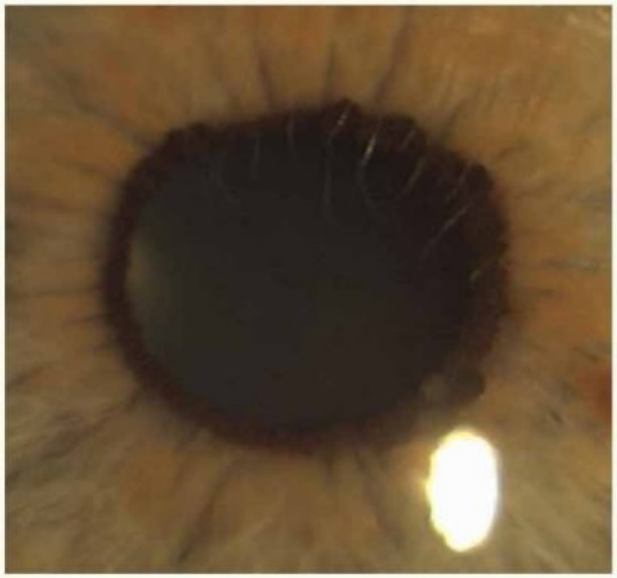
**Left superior hypertrophy of the inner pupillary border**



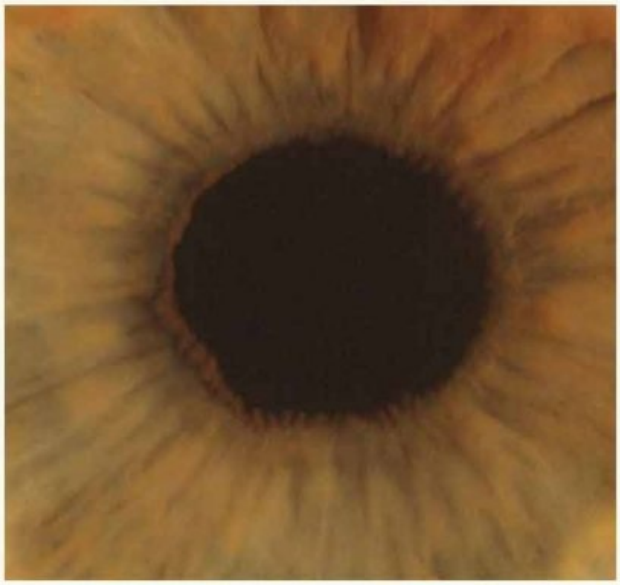
**Protrusion of superior inner pupillary border granularity toward the pupil's lumen**



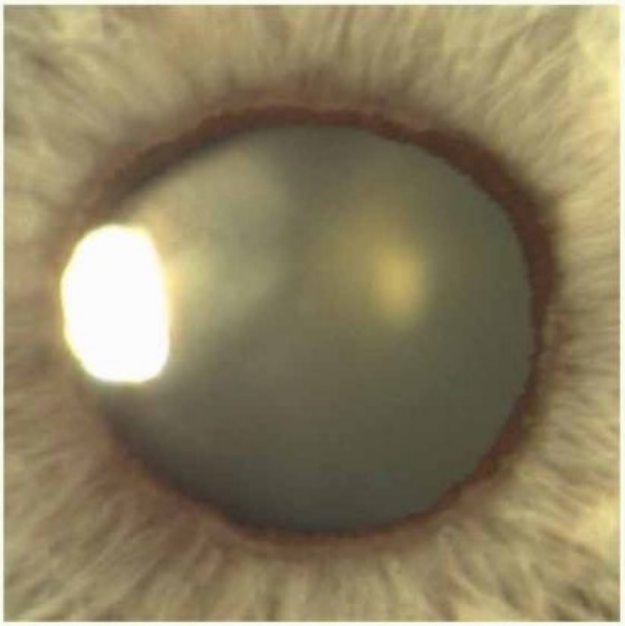
**Blackish protrusion of left superior inner pupillary border granularity toward the pupil's lumen**



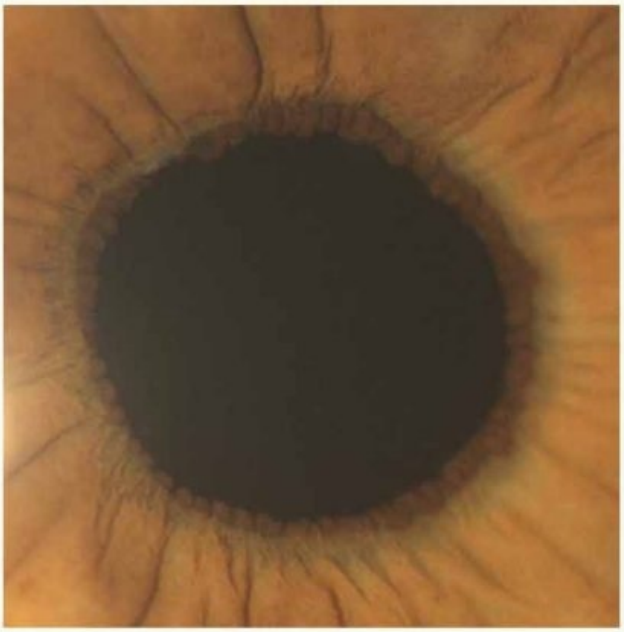
**Blackish inner pupillary border**



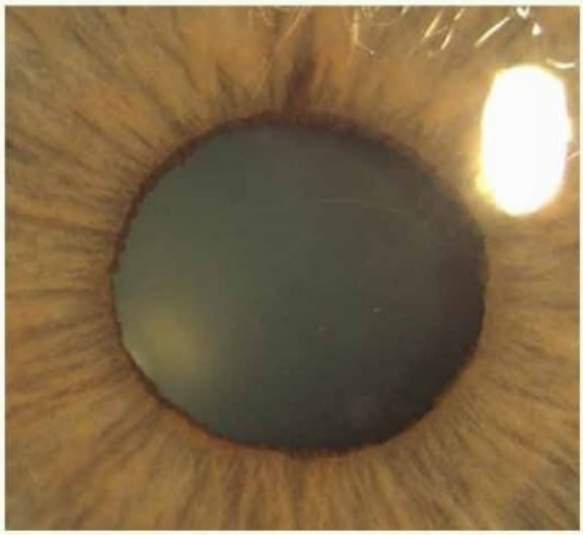
**Protrusion of the inner pupillary border alternating with degranulation and discoloration**



**Irregular inner pupillary border associated with discoloration of the outer pupillary border**



**Inner pupillary border with irregular granularity associated with greyish discoloration of the outer pupillary border and gastric ring**

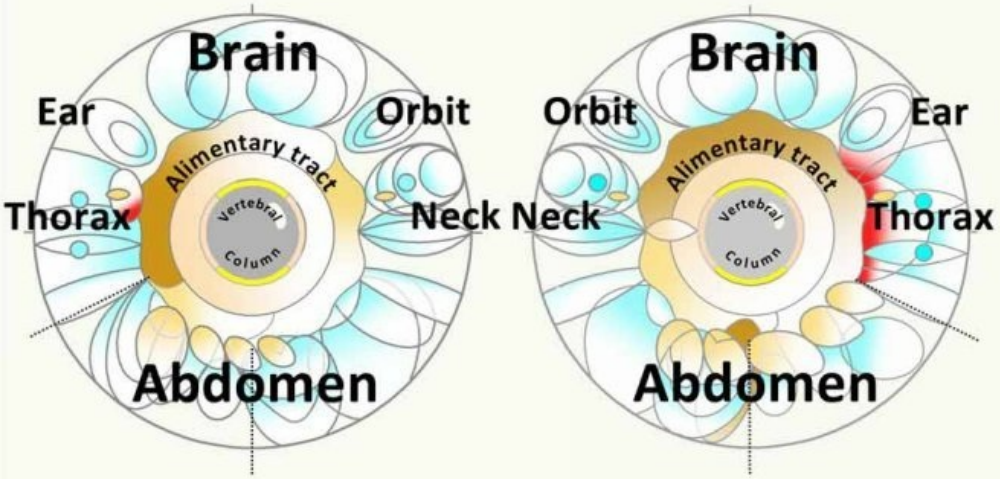


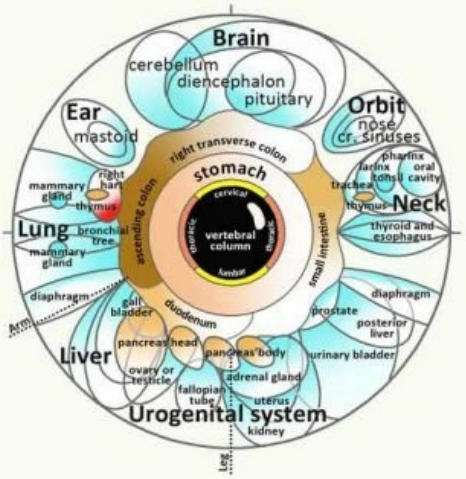
**Protrusion in the frontal sector and degranulation alternating with flattening and atrophy of the inner pupillary border**

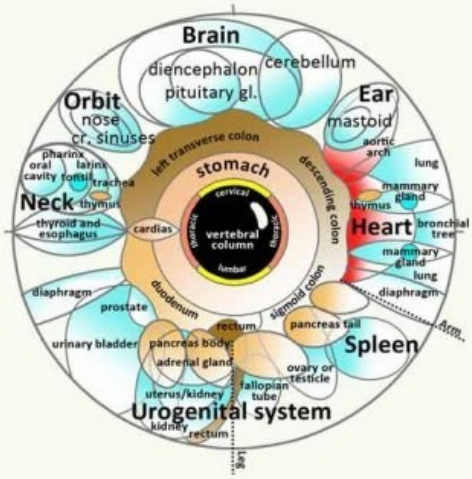
# PART TWO

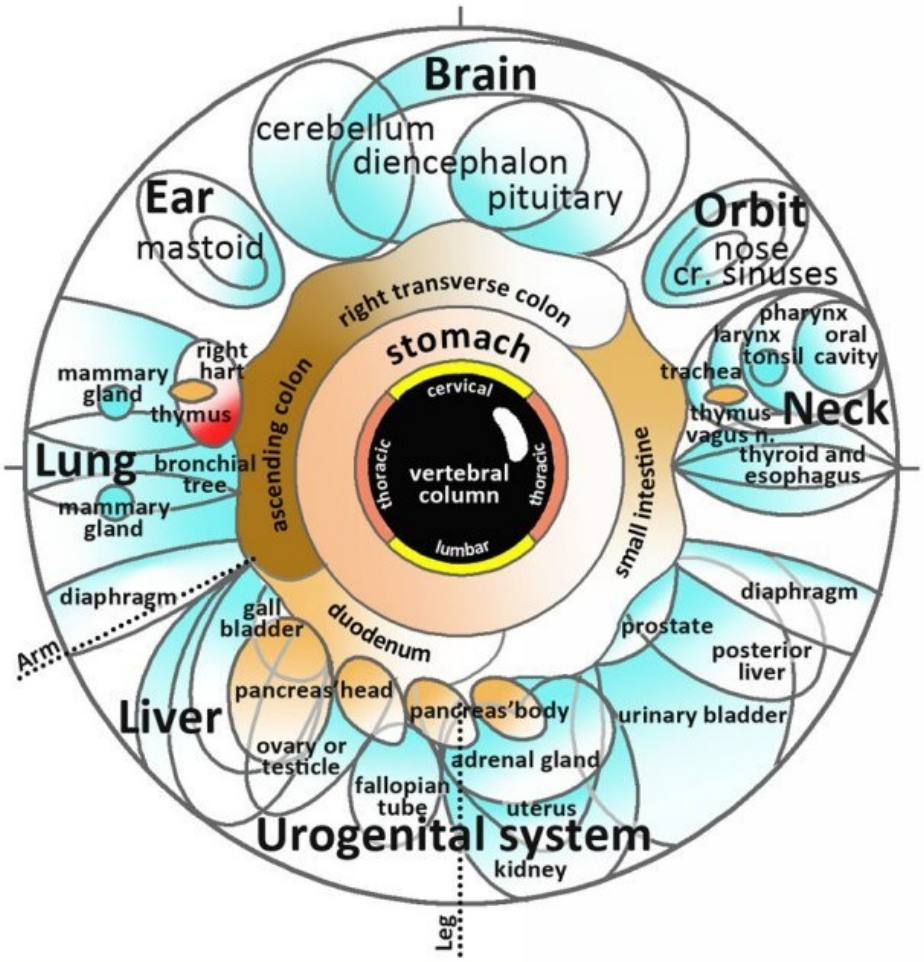
## Mapping and Examples

In this second part, markings are associated with projection areas of organs and interpreted. Some practical examples will then follow.
The aim is to suggest a method for the application of iridological analysis: a well-defined symptom or pathology does not correspond to a univocal iris pattern but can rather manifest itself in various unexpected ways.
Iris analysis helps find weaknesses in the human body that do not necessarily involve the organ in which symptoms arise. For example, hypertension and tachycardia can originate from thyroid disorders, headache from intoxication, esophageal regurgitation from obesity, insomnia from hormonal imbalance, thinness from food intolerances, dermatosis from liver failure, water retention from kidney or heart failure.
A symptom or disease can thus be triggered by a wide range of possible causes.
Iris examination can provide a good means to help interpret a clinical situation, clear doubts, delimit the diagnostic area and consider unforseen possibilities.
Some iridological maps will be provided in the following pages for associating iris markings with organ projection areas.

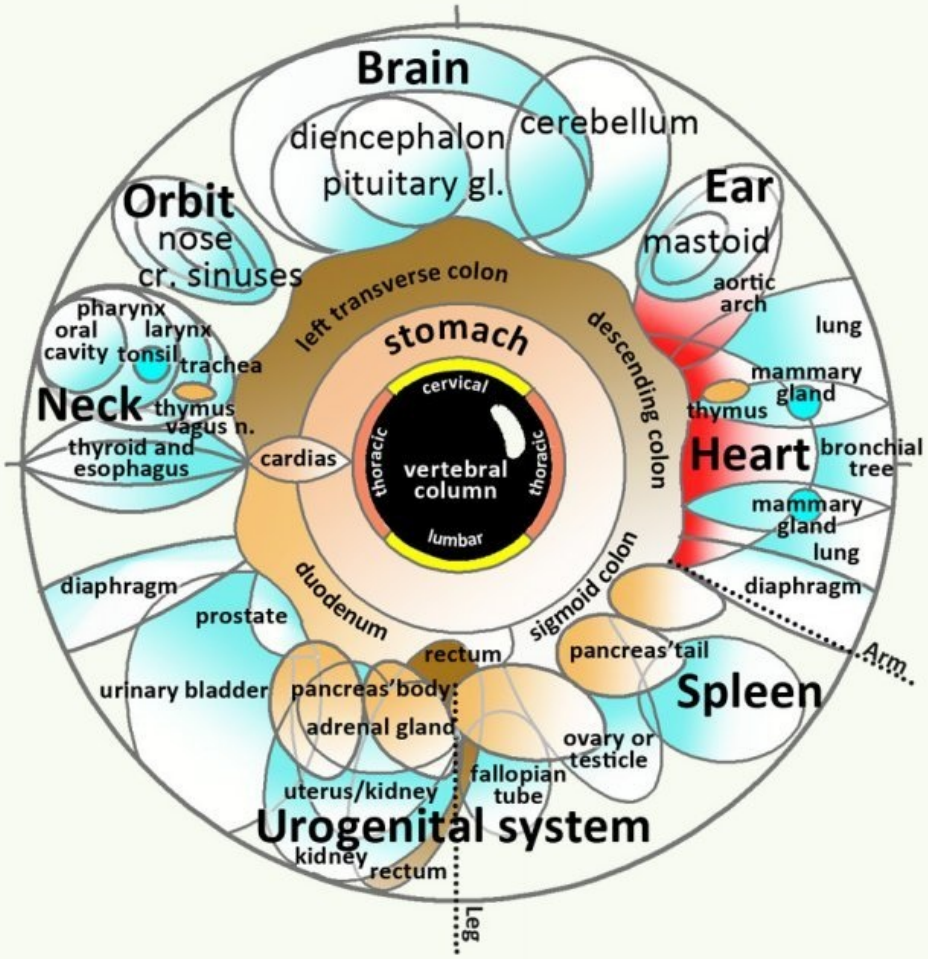

Brain
Ear
Orbit
Alimentary tract
Thorax
Neck
Vertebral Column
Abdomen
Brain
Orbit
Ear
Alimentary tract
Neck
Thorax
Vertebral Column
Abdomen


Brain
cerebellum
diencephalon
pituitary
Ear
mastoid
Orbit
nose
cr. sinuses
right transverse colon
stomach
cervical
vertebral column
thoracic
lumbar
ascending colon
small intestine
pharinx
larinx
oral cavity
tonsil
trachea
thymus
Neck
thyroid and esophagus
mammary gland
right hart
Lung
bronchial tree
diaphragm
gall bladder
duodenum
prostate
posterior liver
pancreas head
pancreas body
urinary bladder
Liver
ovary or testicle
adrenal gland
fallopian tube
uterus
kidney
Urogenital system
Arm
Leg


Brain
diencephalon
pituitary gl.
cerebellum
Orbit
nose
cr. sinuses
Ear
mastoid
aortic arch
lung
left transverse colon
descending colon
stomach
cervical
vertebral column
thoracic
lumbar
pharinx
oral cavity
larinx
tonsil
trachea
Neck
thymus
thyroid and esophagus
cardias
mammary gland
Heart
bronchial tree
diaphragm
duodenum
prostate
sigmoid colon
rectum
pancreas tail
Spleen
urinary bladder
pancreas body
adrenal gland
ovary or testicle
fallopian tube
uterus/kidney
kidney
rectum
Urogenital system
Arm
Leg

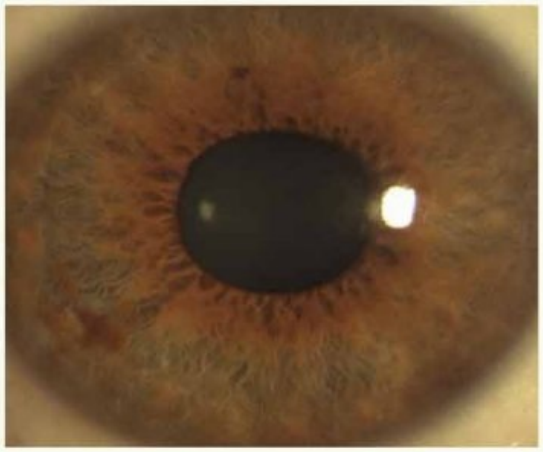

Brain
cerebellum
diencephalon
pituitary
Ear
mastoid
Orbit
nose
cr. sinuses
right transverse colon
stomach
pharynx
larynx
oral
tonsil
cavity
trachea
right hart
mammary gland
thymus
cervical
thoracic
vertebral column
thoracic
lumbar
ascending colon
small intestine
Neck
thymus
vagus n.
thyroid and esophagus
Lung
bronchial tree
mammary gland
diaphragm
Arm
gall bladder
duodenum
diaphragm
prostate
posterior liver
pancreas'head
pancreas'body
urinary bladder
Liver
ovary or testicle
adrenal gland
fallopian tube
uterus
Urogenital system
kidney
Leg

# Right Iris

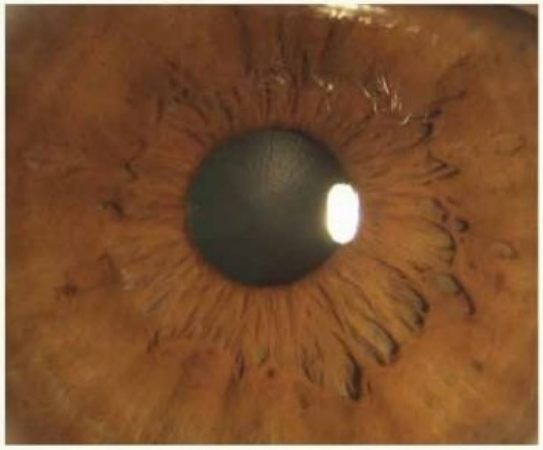

Brain
diencephalon
cerebellum
pituitary gl.
Orbit
nose
cr. sinuses
Ear
mastoid
aortic arch
lung
pharynx
oral cavity
larynx
tonsil
trachea
left transverse colon
stomach
descending colon
mammary gland
thymus
Neck
thymus
vagus n.
thyroid and esophagus
cardias
cervical
thoracic
vertebral column
thoracic
lumbar
Heart
bronchial tree
mammary gland
lung
diaphragm
duodenum
sigmoid colon
diaphragm
prostate
Arm
rectum
pancreas'tail
urinary bladder
pancreas'body
Spleen
adrenal gland
ovary or testicle
fallopian tube
uterus/kidney
Urogenital system
kidney
rectum
Leg

# Left Iris

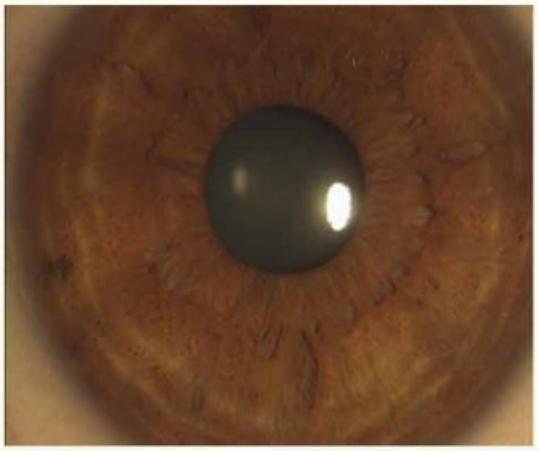
# Markings and organs' projections (1)



**Small deep lacunae disseminated in the first circular ring: stomach**

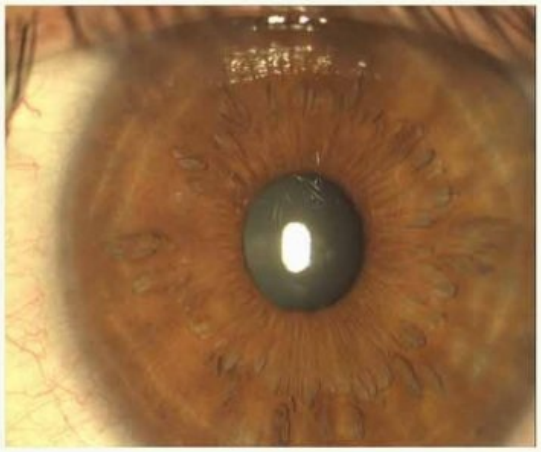


**Right iris. Wide lacunae in the collarette's nasal sector: small intestine**



**Left iris. Series of small lacunae inside the collarette in the temporal section. Wide leaf lacuna in the visceral sector: sigma-rectum**

# Markings and organs' projections (2)



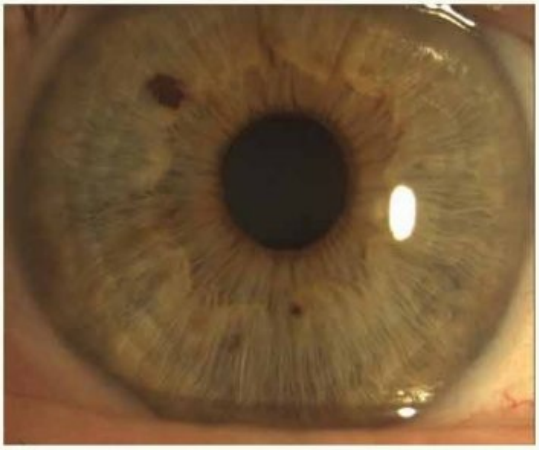
**Second-stage lacunae crowning the wreath: endocrine glands**

**Left iris. Nasal sector. Grape lacunae and wide brown pigment: thyroid**

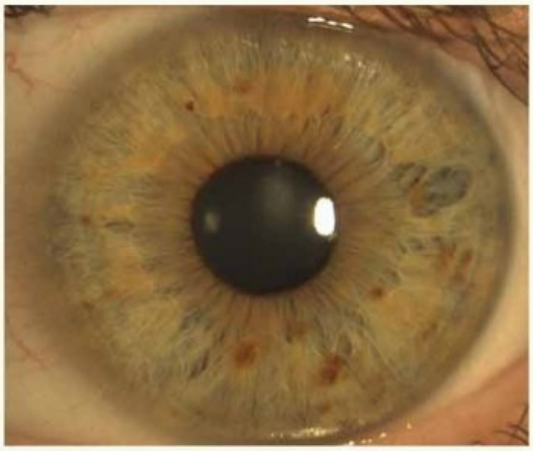
**Second-stage giant lacunae in the visceral sector: pancreas**

## Markings and organs' projections (3

**Multiple lacunae impregnated by brown pigments in the visceral sector: urogenital organs**

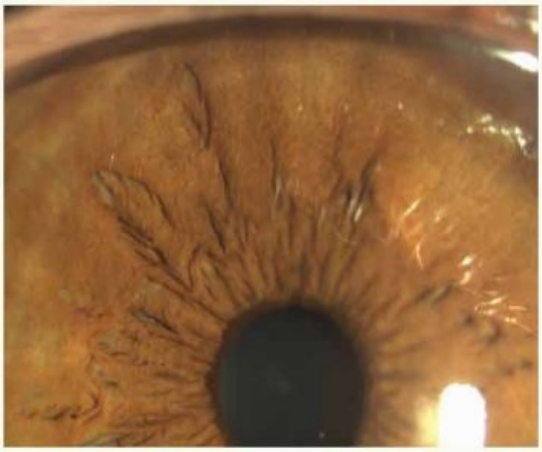


**Right iris. Brown pigment at 10:30 in the third and fourth circular rings: ear**

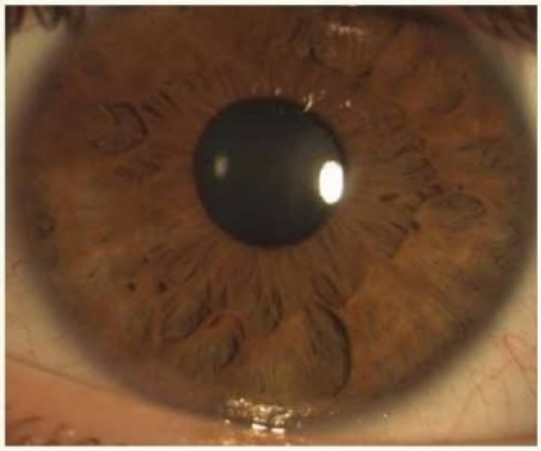


**Left iris. Wide deep lacuna surrounded at its base by two small lacunae attached to the wreath in the temporal sector: heart**

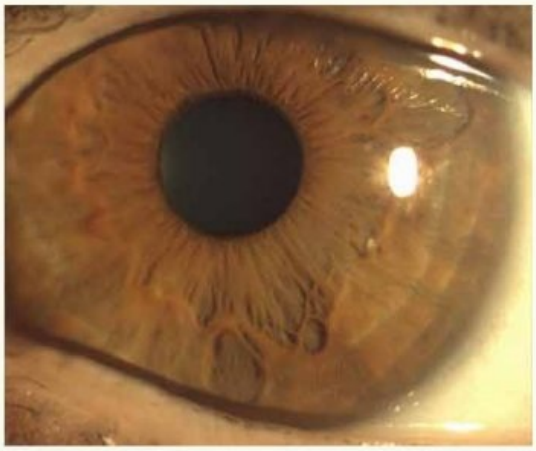
# Markings and organs' projections (4)



**Frontal sector.**
**Open leaf lacunae:**
**encephalon**

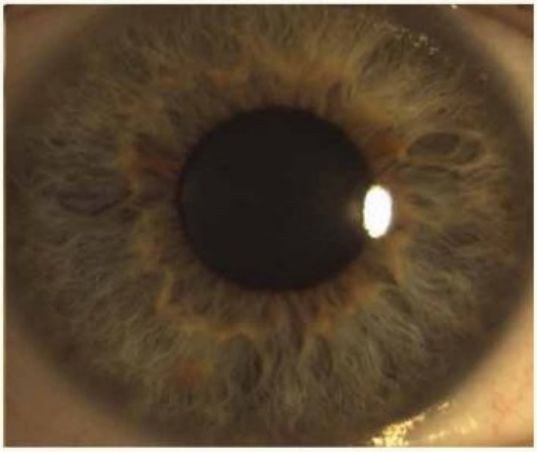


**Right iris.**
**Wide leaf lacuna**
**in the temporal**
**sector and**
**series of wide**
**lacunae in**
**the visceral sector:**
**lung/pancreas**

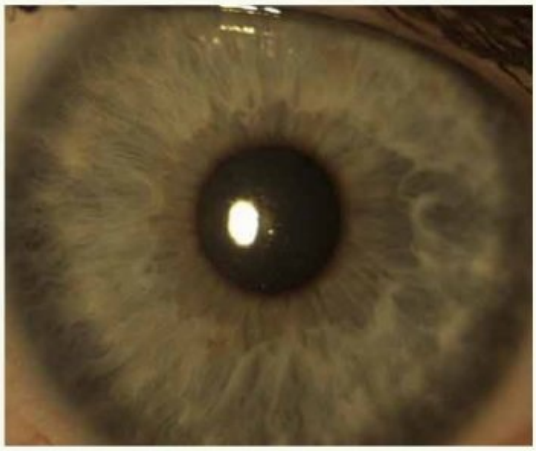


**Left iris. Wide lacuna**
**attached to the**
**wreath at 3 o'clock,**
**two second-stage**
**lacunae in the**
**visceral sector:**
**heart/kidney**

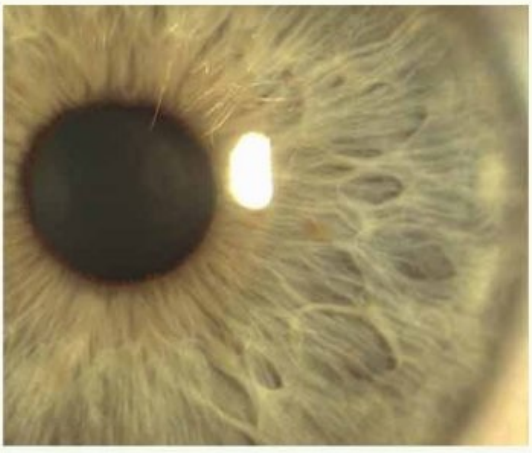
# Markings and organs' projections (5)



**Left iris. Double lacuna in the temporal sector, lacunae and uterogenic pigment in the visceral sector, fiber rarefaction in the nasal sector: heart/uterus/thyroid**

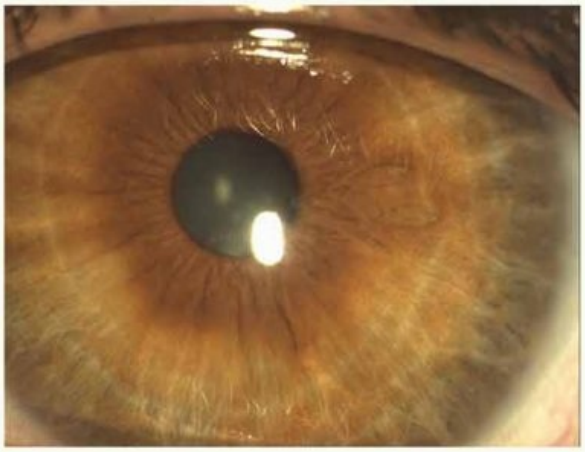


**Left iris. Dilation and rarefaction in the temporal sector, open lacuna with bright impregnation at 03 o'clock: colon/heart**

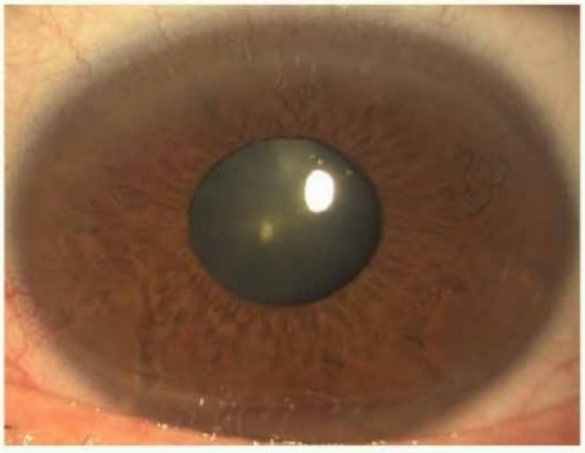


**Left iris. Open wide lacunae interrupting the wreath and reaching into the temporal sector, bright gastric ring, neurasthenic ring: stomach/colon/heart**

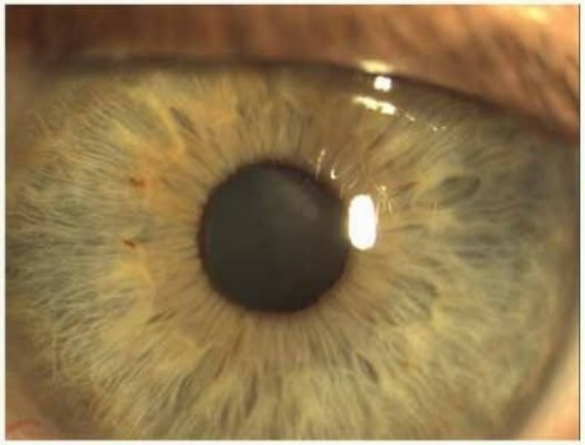
# Markings and organs' projections (6)



**Left iris. Double open lacuna wedged into the wreath at 0:03 o'clock in the temporal area: heart**



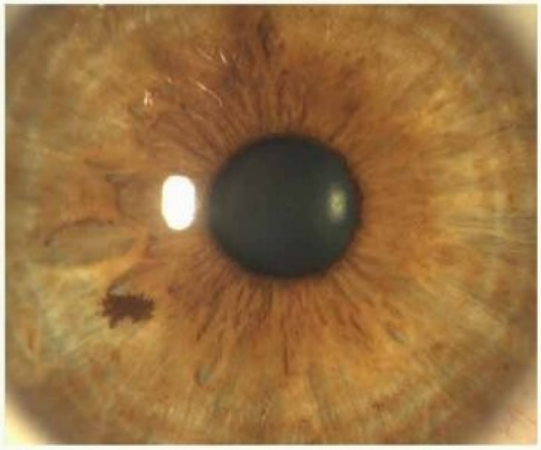
**Left iris. Sodium ring in the frontal area, triple first-stage lacuna at 00:03 o'clock in the temporal sector: hearte**



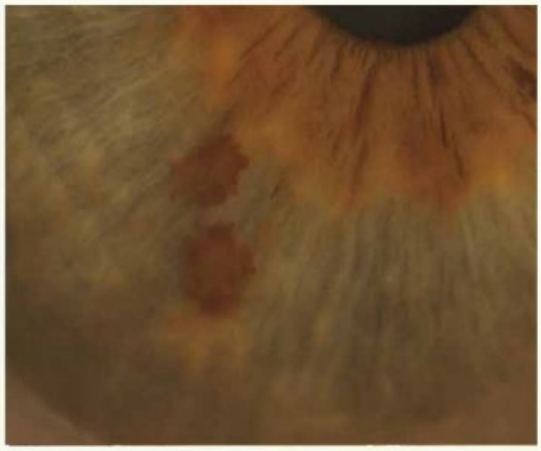
**Left iris. Second-stage lacuna at 02:45 o'clock associated with fiber thinning and bright white impregnation: heart**

# Markings and organs' projections (7)

**Right iris.**
**Wide hazelnut-brown spot at 07:30, merging yellowish tophi: gallbladder/liver**

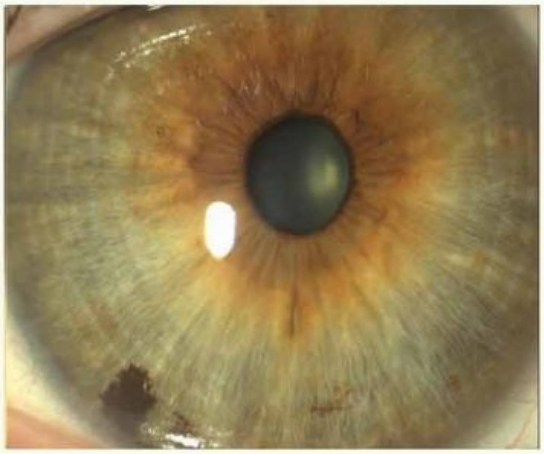


**Right iris.**
**Brown spot attached to the wreath at 7:45, rarefaction and thinning: gallbladder/liver**

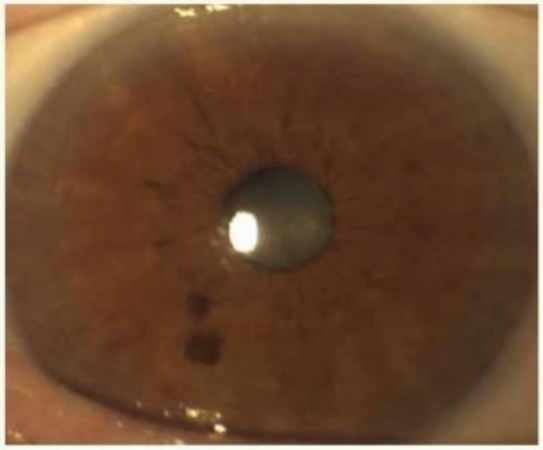


**Right iris.**
**Double brown spot at 07-7:45: gallbladder/liver**

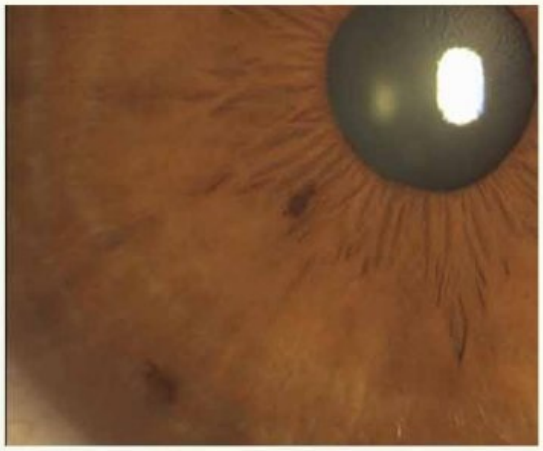
# Markings and organs' projections (8)



**Right iris.**
**Dark spongy spot**
**at 07:30:**
**liver**

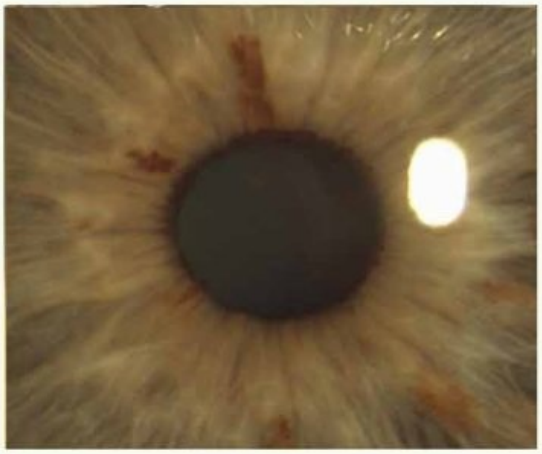


**Right iris.**
**Double brown spot**
**at 07:30 in the third**
**and fourth rings:**
**liver/gallbladder**

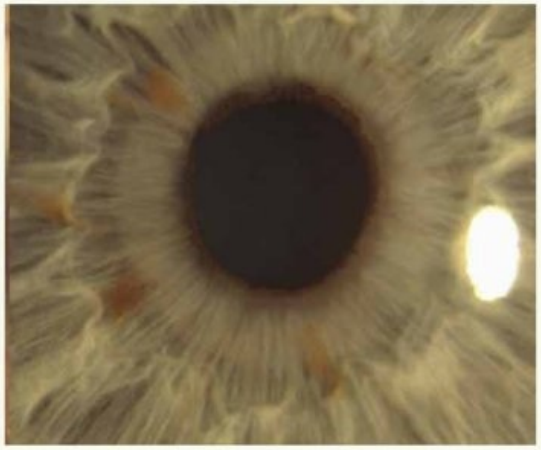


**Right iris.**
**Small spot across**
**the wreath and**
**brown spot in the**
**fifth circular ring**
**at 07:45:**
**choledochus/liver**

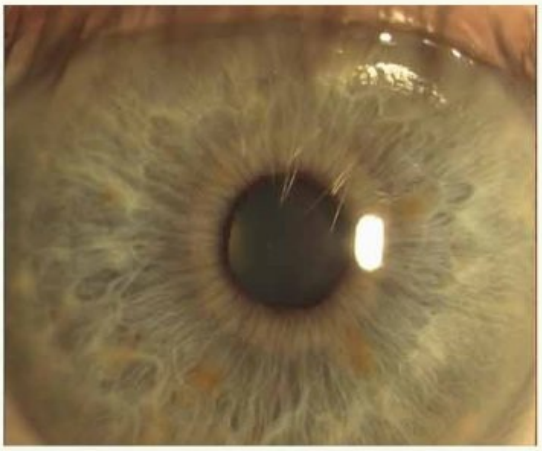
# Markings and organs' projections (9)



**Ribbon-like spot in the collarette, darkened frayed outer pupillary border: stomach**

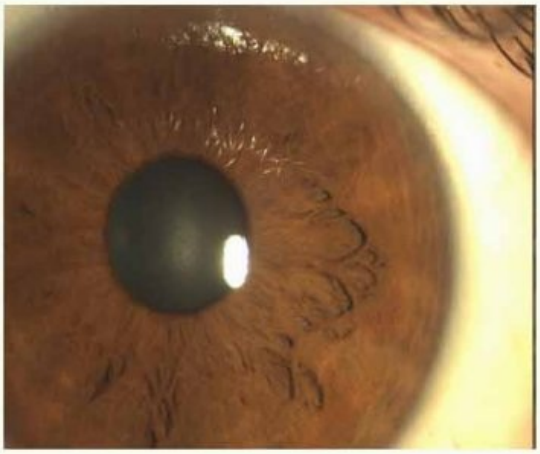


**Ribbon-like salmon pigment in the collarette, neurasthenic ring: stomach**

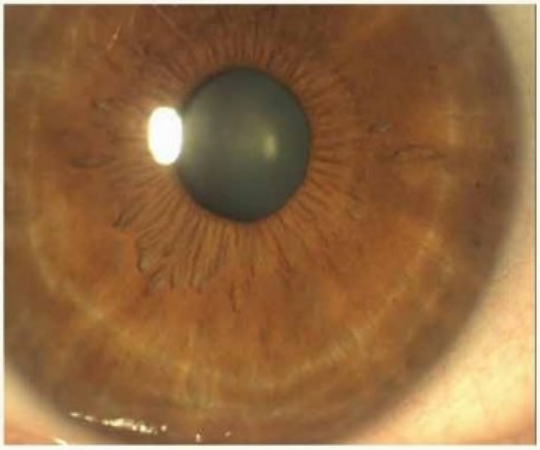


**Primo anello schiarito e brillante pigmenti color salmone nel collaretto: stomaco**

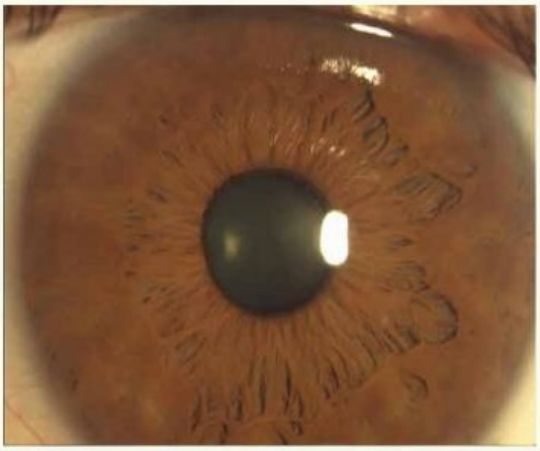
## Markings and organs' projections (10)



**Left iris. Collarette's dilation with wide lacunae at 03:00-07:00 o'clock: descending colon, sigma, rectum**

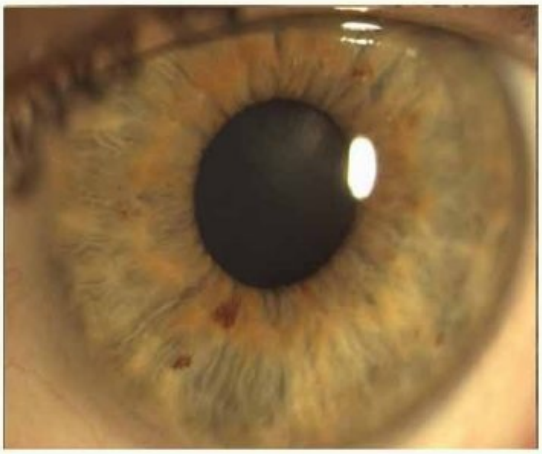


**Right iris. Frayed collarette with lacunae at 07-09:30 o'clock: ascending colon**

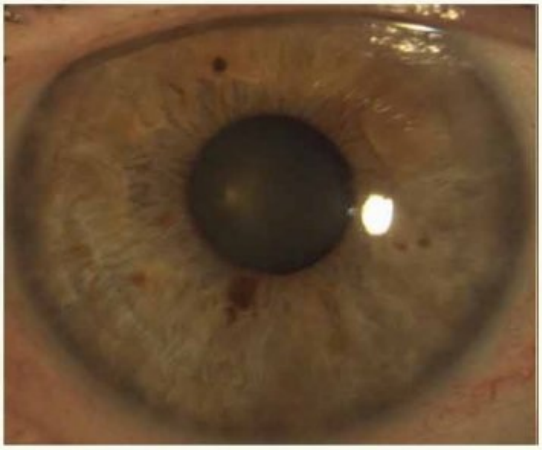


**Left iris. Frayed collarette, lacunae and protruding dilations in the ciliary body at 01:30-07:00 o'clock: descending colon, sigma**

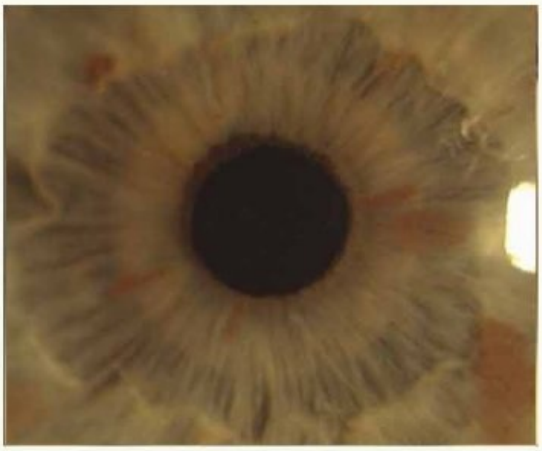
## Markings and organs' projections (11)



**Right iris. Brown spot in the collarette at 07:00 o'clock: duodenum.**
**Small spongy spot in the fourth ring: liver**

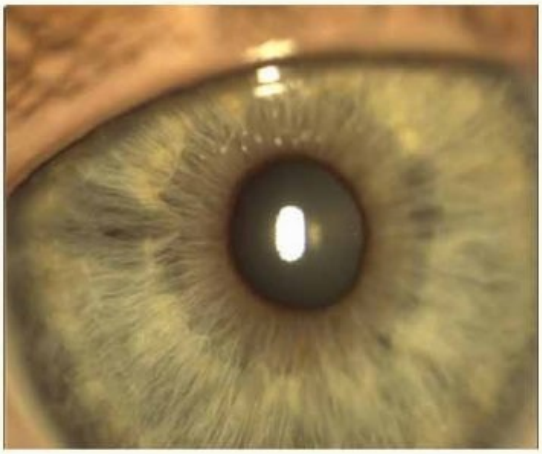


**Right iris. Brown ribbon-like spot impregnating the collarette at 07:00 o'clock: duodenum**

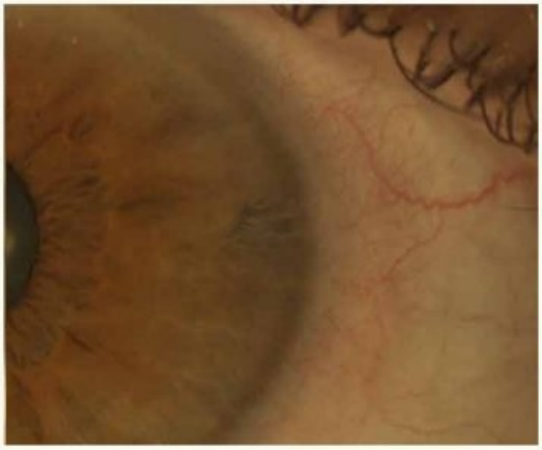


**Translucent gastric ring. Salmon pigments in the fundus, greater curvature and duodenum areas**

## Markings and organs' projections (12)



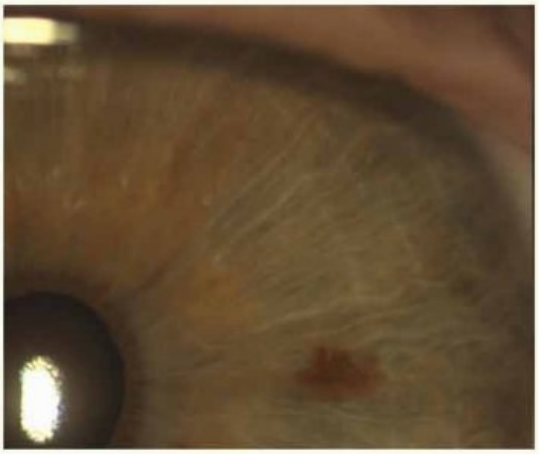
**Left iris. At 09:00 o'clock, double open third-stage lacuna wedged into the wreath and delimited by bright swollen fibers: thyroid**



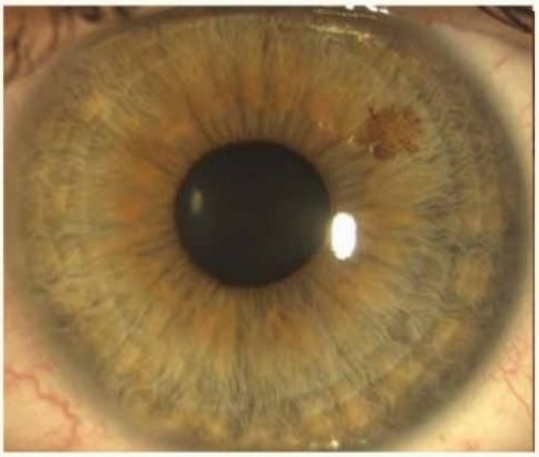
**Right iris. At 03:00 o'clock, lacuna attached to the wreath, deep fiber thinning in the fifth and soxth rings, pointing vessel in the sclera: thyroid**

**Left iris. At 09:00 o'clock, third-stage fiber thinning delimited by bright swollen fibers, lacuna wedged into the wreath with secondary pigment: thyroid**

## Markings and organs' projections (13)



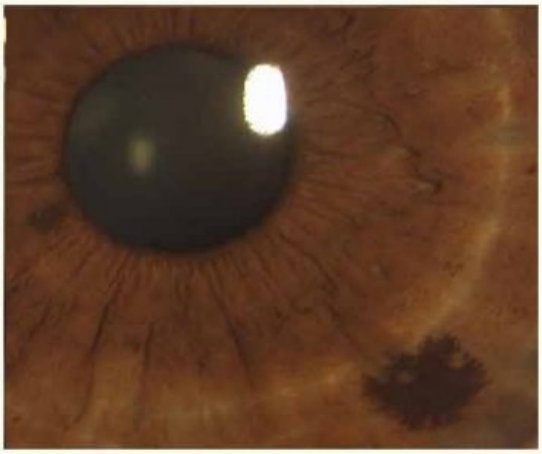
**Left iris. Thinning, swelling and whitening of fibers at 02:00-03:00 o'clock, secondary brown pigment: ear**



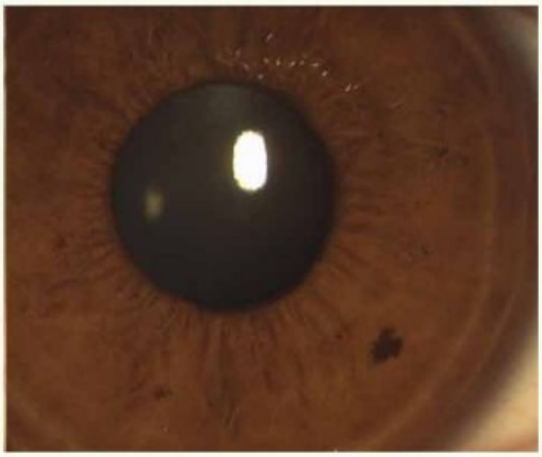
**Left iris. Wide brown spot in the third and fourth circular rings at 02:30 o'clock: ear**

**Visceral sector. Double lacuna and leaf lacuna: urogenital organs**

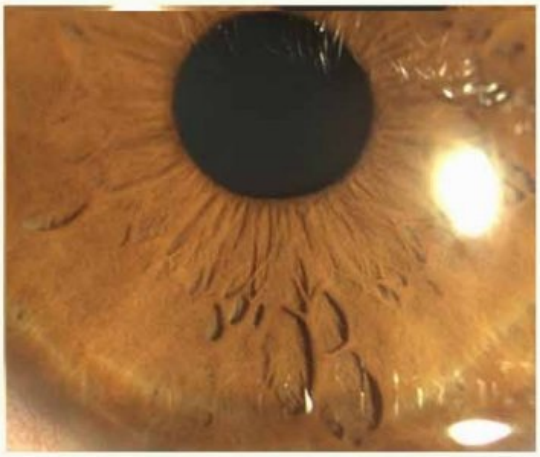
# Markings and organs' projections (14)



**Female, left iris. Wide dark spongy spot at 04:30: ovary**



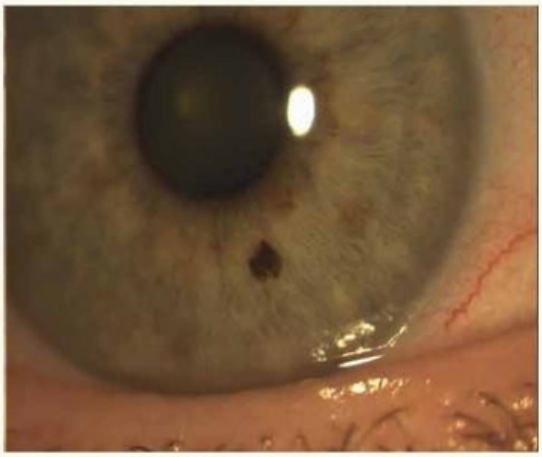
**Male, right iris. Dark spongy spot in the fourth circular ring at 04:30 o' clock: prostate**



**Visceral sector. Series of second stage lacunae: urogenital organs**

## Markings and organs' projections (15)

**Female, left iris.**
**Wide brown spongy spot at**
**04:30 o'clock: ovary**

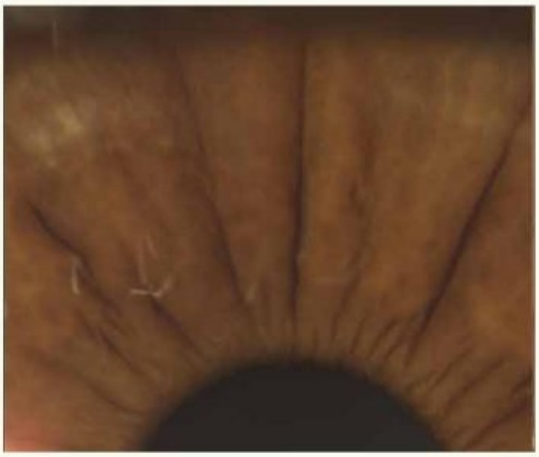


**Female, right iris.**
**Brown spongy spot in the third circular ring at**
**05:00 o'clock: uterus/urogenital area**

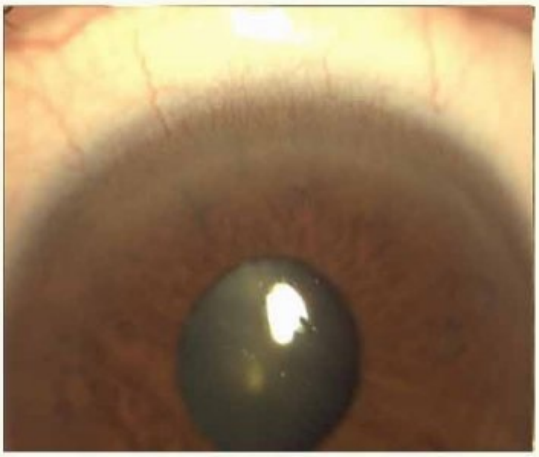
**Visceral sector.**
**Thinning of fiber texture with crypts, swelling of fibers and merging bright tophi: urogenital organs**

## Markings and organs' projections (16)

**Brown spongy spot in the fifth ring at 11:00 o'clock, pointing vessel in the sclera: encephalon**

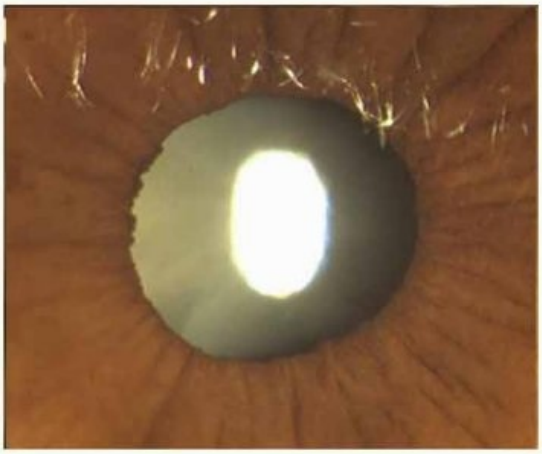


**Radii solaris major in the frontal region: encephalon**

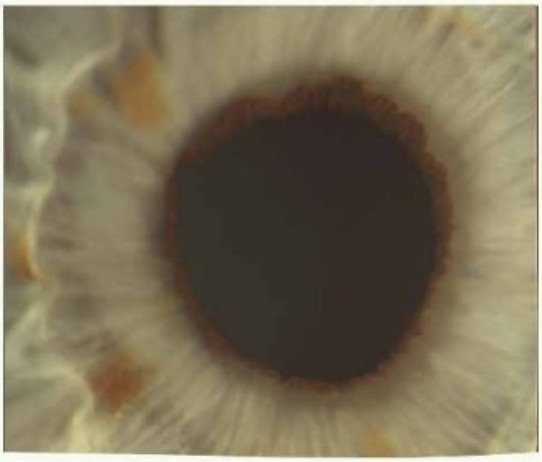


**Sodium ring in the frontal region pervaded by scleral inflammatory capillaries: encephalon**

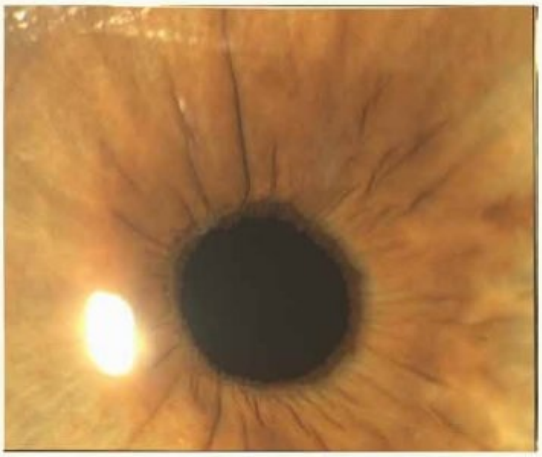
## Markings and organs' projections (17)



**Pupillary border. Flattened left inferior quarter: lumbosacral spine**

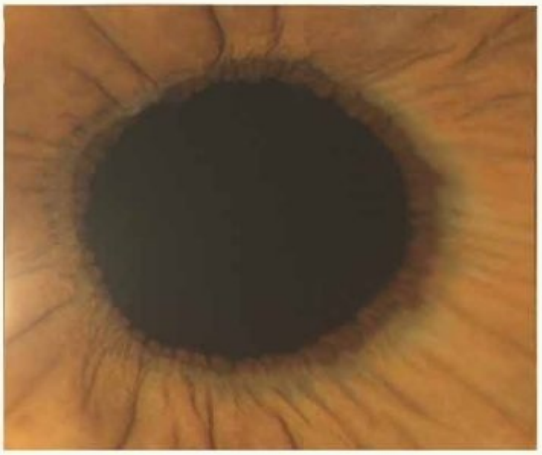


**Pupillary border. Left flattening: dorsal-lumbar spine**

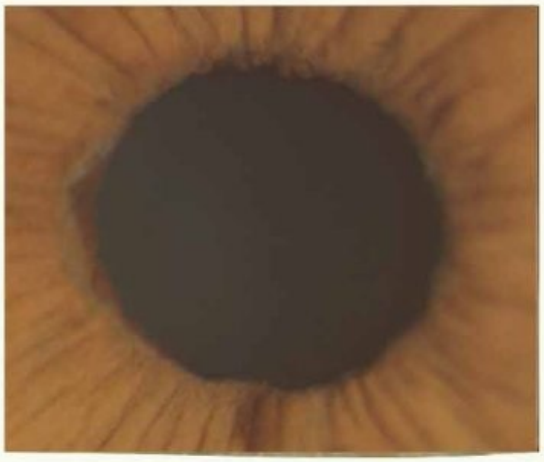


**Pupillary border. Flattening of the left superior quarter: cervical spine**

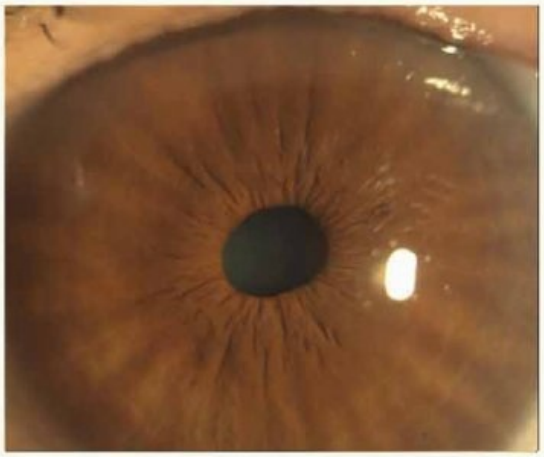
## Markings and organs' projections (18)



**Pupillary border. Thickness irregularity with hypertrophic granularity, greyish outer pupillary border: age-related nervous degeneration**

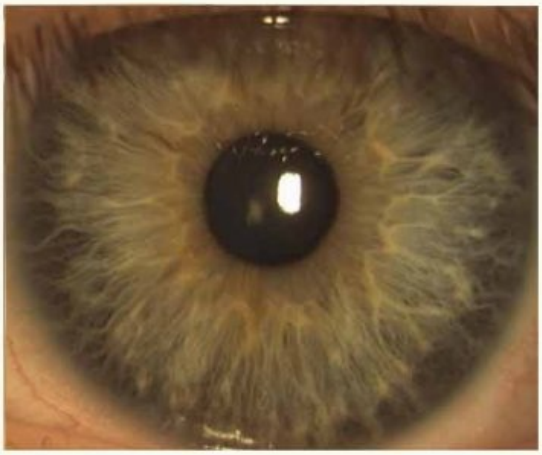


**Pupillary border. Alternation of atrophy hypertrophic granularity, greyish depigmentation in the right quarter: age-related nervous degeneration**



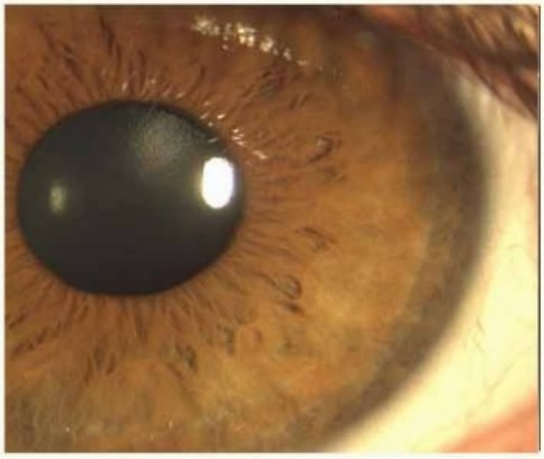
**Myosis. Atrophic pupillary border with flattening of the left inferior quarter: age-related nervous degeneration and degeneration of the lumbar spine**

# Markings and organs' projections (19)



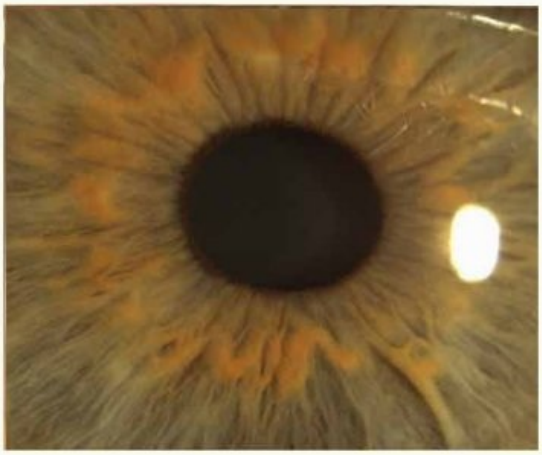
**Darkening of the sixth circular ring due to severe fiber thinning: skin**

**Darkened sixth circular ring: skin**

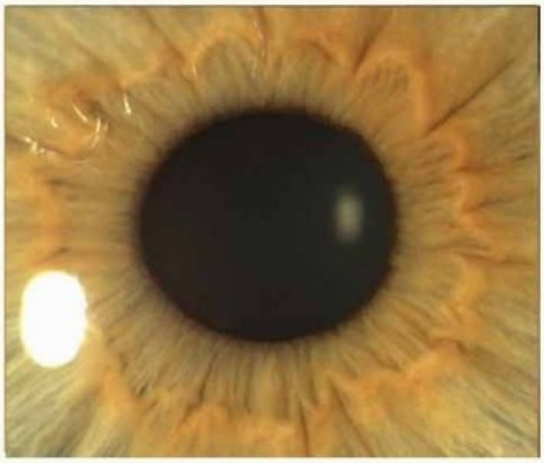


**Darkened sixth circular ring: skin**

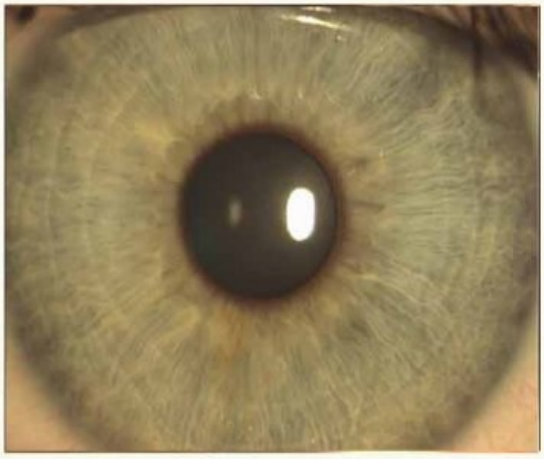
## Markings and organs' projections (20)



**Hypertrophic autonomic nerve wreath and neurasthenic ring: overactive autonomic nervous system**

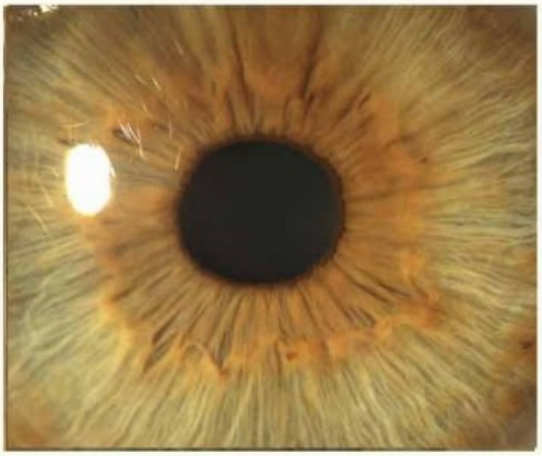


**Neurasthenic ring and hypertrophy of the autonomic nerve wreath: overactive autonomic nervous system**

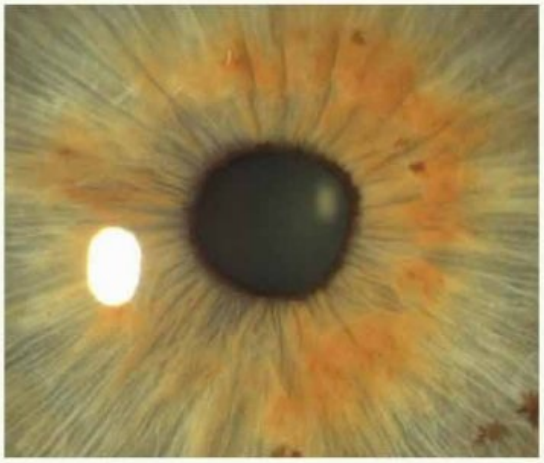


**Neurasthenic ring: nervous overactivity**

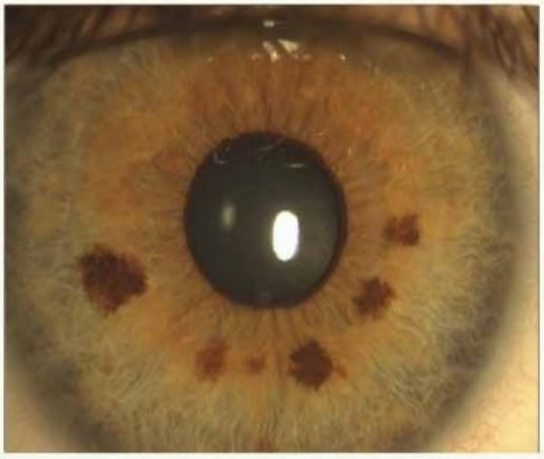
# Markings and organs' projections (21)



**Hypertrophic autonomic nerve wreath and neurasthenic ring: overactive autonomic nervous system**

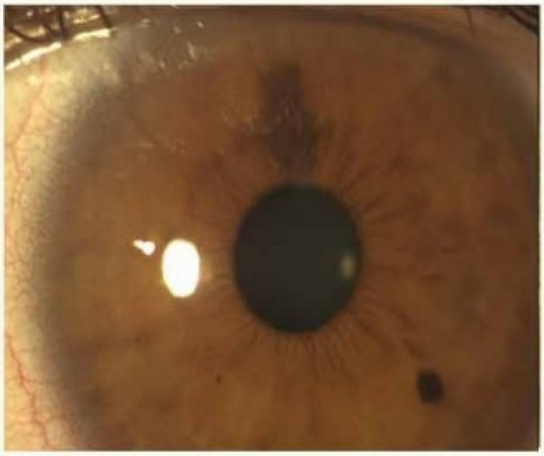


**Flattened autonomic nerve ring impregnated by a bright orange pigmentation extending to the third circular ring: endocrine imbalance**

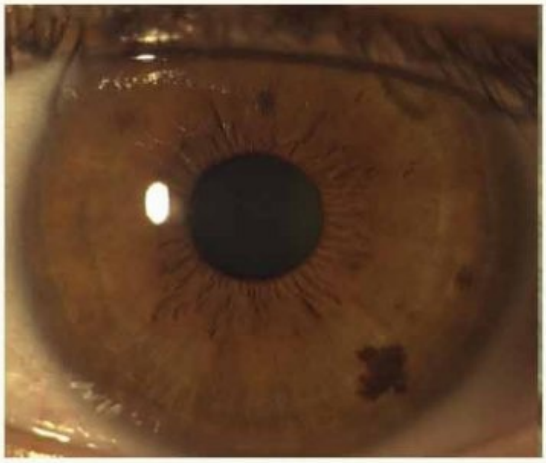


**Flattened autonomic nerve ring impregnated by a bright orange pigmentation extending to the third circular ring, series of brown pigments attached to the wreath: endocrine disorders**

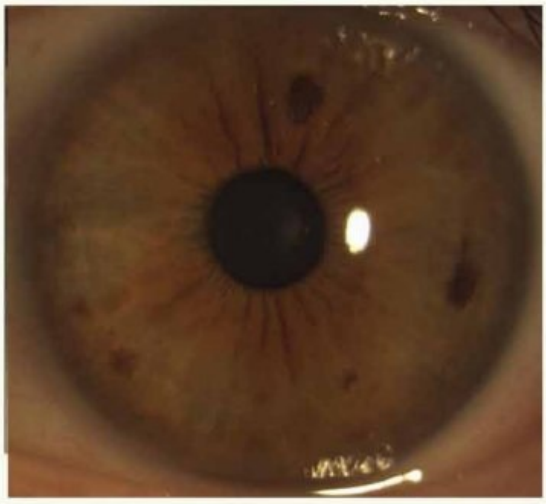
## Markings and organs' projections (22)



**Female, left iris. Diffused pigmentation at 12:00 o'clock, brown spot at 04.30: pituitary gland/ovary**



**Female, left iris. Small brown spots at 12:00 o'clock and 03:30, wide brown spongy pigment at 04:30: pituitary gland, mammary gland, ovary**



**Female, left iris. Brown spot surrounded by radial furrows at 12:30, brown spongy spot at 03:30: pituitary gland/ovary**

# Examples

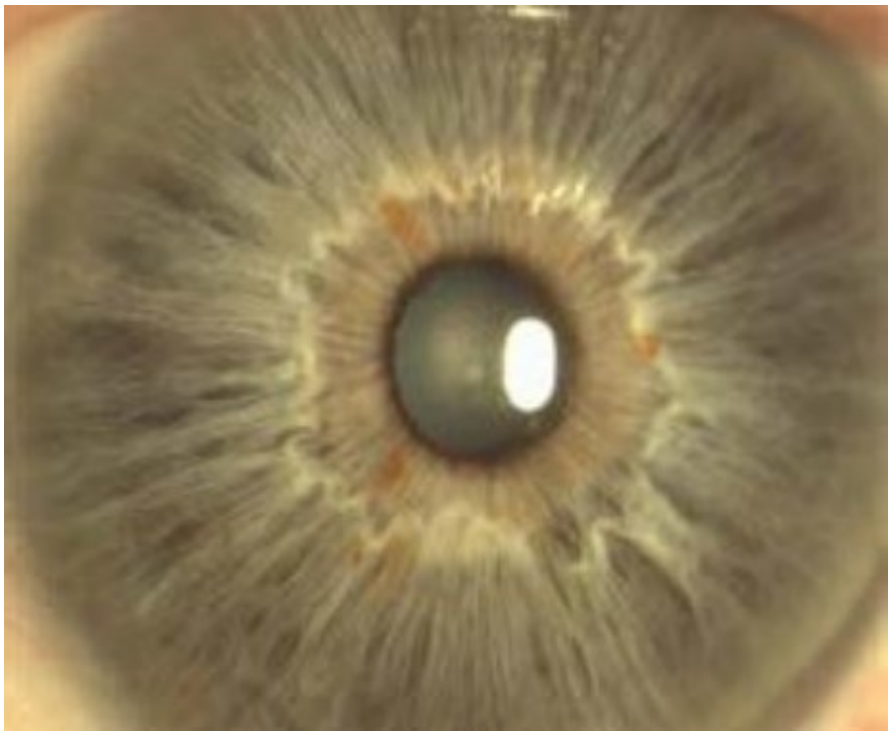
The following are to be considered as examples rather than clinical cases. Each iris image has been selected either to summarize similar iris patterns found in different patients or, on the contrary, to provide examples of unexpected patterns. In the first case, the images have been chosen to represent a common denominator of the pathology described (correspondence between symptoms and location of signs observed in the iris). In the second case, unexpected patterns, the examples have been chosen to demonstrate that often the symptoms are not caused by the suffering organ, but by another organ and iris analysis may help to detect the diagnostic chain.

# Gastritis

Definition. Inflammation of the gastric mucosa. The two main types of gastritis are acute gastritis and chronic atrophic gastritis.
Acute gastritis. Mucosal inflammation is often accompanied by more or less intense bleeding. The most severe type is the hemorragic acute gastritis, also known as erosive gastritis. The main cause of acute gastritis, also called stress gastritis, is the stress induced by serious diseases requiring hospitalization and strong instrumental or drug therapies. Also, acute gastritis can often be caused by aspirin and aspirin-like drugs or ethanol. Main symptoms: gastric pyrosis, anemia, fecal blood loss.
Chronic atrophic gastritis. Mucosal inflammation causing a progressive damage of glandular activity and reduction or absence of gastric secretion. The most serious type is accompanied by atrophy of the gastric mucosa leading to bad absorption and pernicious anemia. Main symptioms: nausea, vomit, epigastric pain, dyspepsia, asthenia.
Helicobacter Pylori infection can be the triggering cause of gastritis or a worsening factor.
Iridological markings. Translucent first circular ring clearly differing from the remaining part of the collarette. Pigmentary alterations (coral red, dark brown) of the outer pupillary border.

EXAMPLE 1

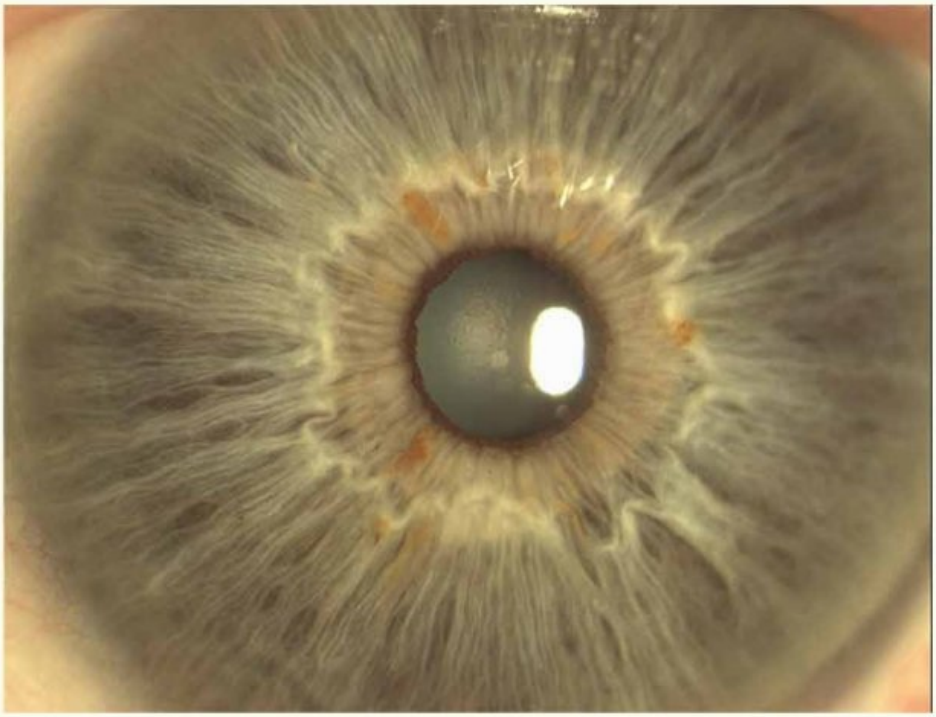
Examole 1-Gastriris 1



Male. Left iris. Patient suffering from nausea, dyspepsia, asthenia.
Pupil: constricted.
Constitution: lymphatic.
Morfology: neurogenic.
Diathesis: exudative. Description. Neurasthenic ring (reddish inner pupillary border). Darkened, frayed outer pupillary border. Lightened, translucent, salmon-yellow gastric ring. Two ribbon-like, salmon-colored pigments and other small salmon spots in the collarette. Protruding bright white autonomic nerve wreath with suffusion of the white impregnation in the third circular ring. The gastroscopy has confirmed the presence of Helicobacter Pylori and damages of the gastric mucosa.

Suggestions. Eradication of the Helicobacter Pylori infection with antibiotics, restoring of bacterial flora in the small intestine, interruption of alcohol consumption.

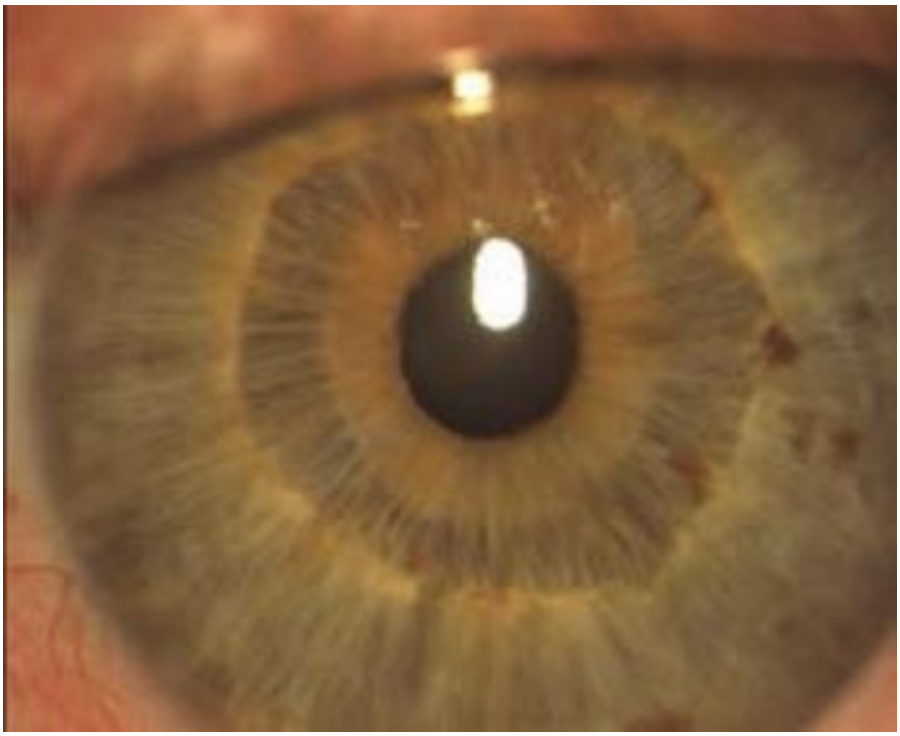
## Example 1-Gastritis



**Neurasthenic ring (reddish inner pupillary border). Darkened, frayed outer pupillary border. Lightened, translucent, salmon-yellow gastric ring. Two ribbon-like, salmon-colored pigments and other small salmon spots in the collarette. Protruding bright white autonomic nerve wreath with suffusion of the white impregnation in the third circular ring**

EXAMPLE 2

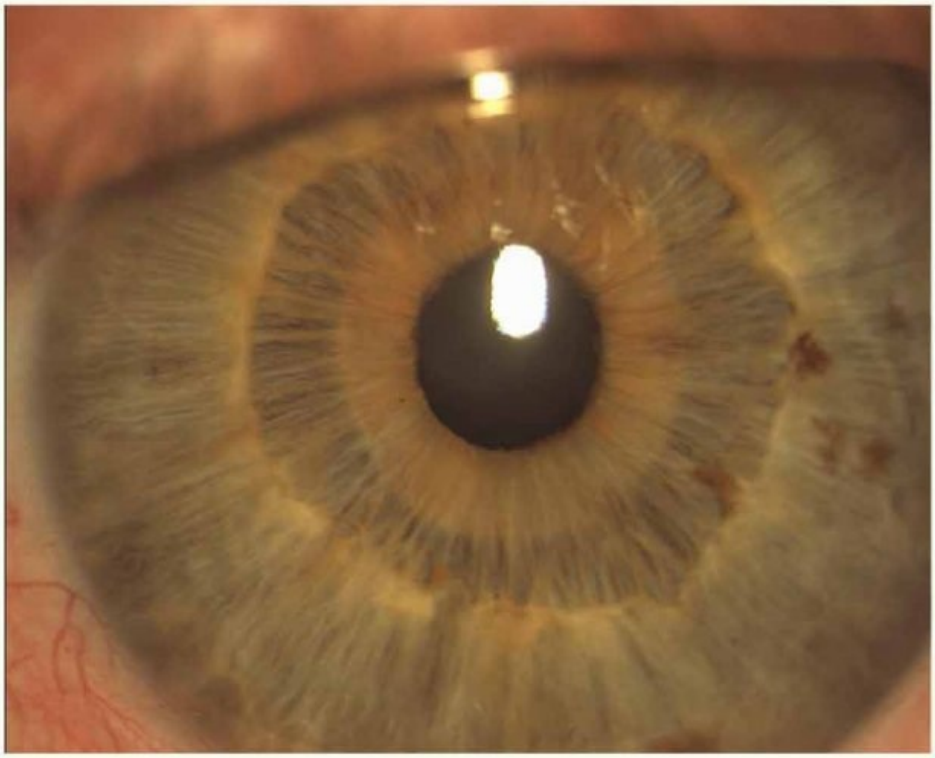
Example 2 – Gastritis



Female. Right iris. Morning nausea, halitosis, gastric pyrosis, gastric pain caused by consumption of coffee or vegetables. Positive Helicobacter Pylori breath test.
Pupil: intermediate dilation.
Constitution: lymphatic.
Morphology: neurogenic.
Diathesis: exudative.
Description. Lightened, translucent gastric ring clearly differing from the rest of the collarette and impregnated by a salmon-pink pigmentation. Rarefaction of collarette's texture with outstretched bright fibers. Autonomic nerve ring impregnated by a bright ochre-yellow pigmentation also suffusing in the third circular ring. Hazelnut-colored spots in the nasal sector.

Suggestions. Eradication of the Helicobacter Pylori infection, liver protectors, digestive enzymes, restoring of the intestinal flora.

## Example 2-Gastritis



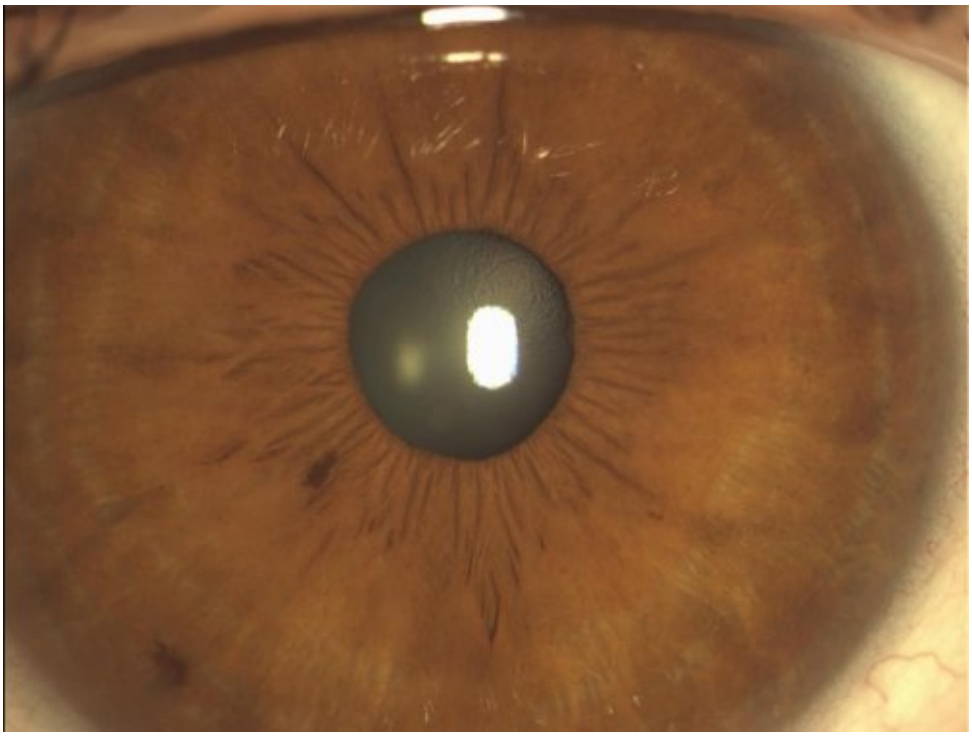
**Left iris. Lightened, translucent gastric ring clearly differing from the rest of the collarette and impregnated by a salmon-pink pigmentation. Rarefaction of collarette's texture with outstretched bright fibers. Autonomic nerve ring impregnated by a bright ochre-yellow pigmentation also suffusing in the third circular ring. Hazelnut-colored spots in the nasal sector**

# Gallbladder Stones

Definition. Gallbladder calculi (gallstones) are crystallized structures originated from the aggregation of normal or pathologic elements in the bile. They are classified into three types: cholesterol gallstones, pigmented gallstones, mixed gallstones. A fourth type is known as biliary dust. Cholesterol and mixed gallstones contain monohydrate cholesterol (about 70%), calcium salts, acids and biliary pigments, proteins, fatty acids, phospholipids. Pigmented gallstones are composed of calcified bilirubin (calcium bilirubinate) and cholesterol (10%). The main causes of cholesterol and mixed gallstones are alterations of liver and gallbladder functionality and of gallbladder motility whereas pigmented gallstones are more frequently caused by biliary duct infections.
Iridological markings. Dark or brown pigments attached to the wreath or located in the third-fourth circular ring in the right iris at 05:00 – 5:30 o'clock.

EXAMPLE 3

Example 3-Gallbladder stones

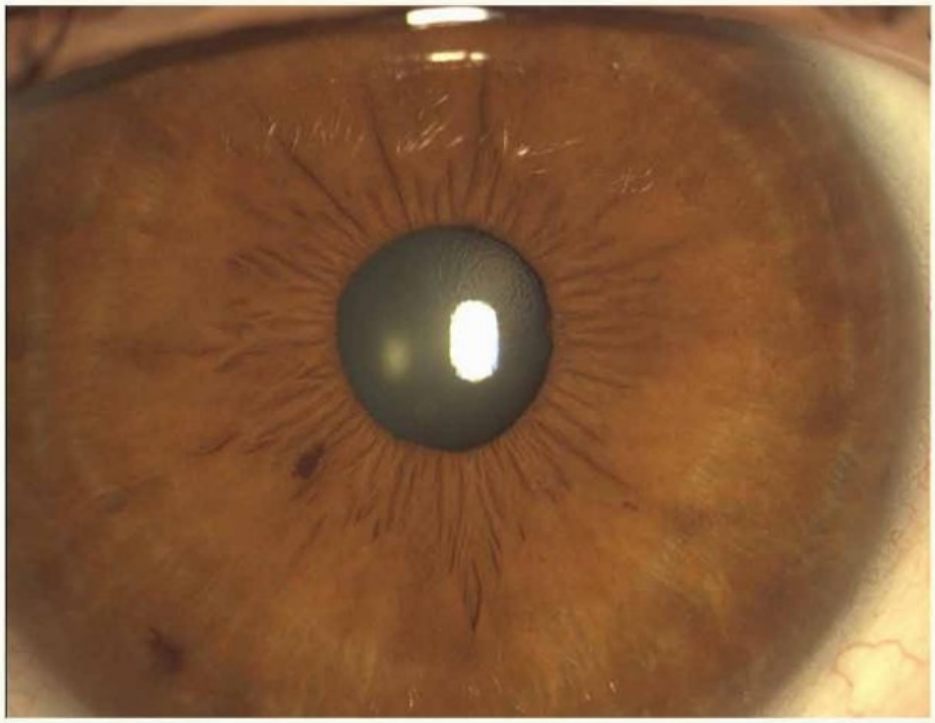


Female. Right iris. Class three obesity. Spinal column and joint pains.
Pupil: intermediate dilation with vertical ovalization.

Constitution: hematogenic.
Morphology: vegetative – spasmodic.
Diathesis: uric.
Description. Frayed and reduced collarette. Radial furrows in the frontal region. Two dark brown pigments at 7:30, the first one attached to the wreath (gallbladder) and the other one located in the fifth circular ring (liver). The presence of gallbladder calculus disease has been confirmed by a liver echography.

Suggestions. The patient has started a weight-loss diet combined with the assumption of herbal-based supplements and liver protectors.

## Example 3-Gallbladder stones



**Right iris. Frayed and reduced collarette. Radial furrows in the frontal region. Two dark brown pigments at 7:30, the first one attached to the wreath (gallbladder) and the other one located in the fifth circular ring (liver)**

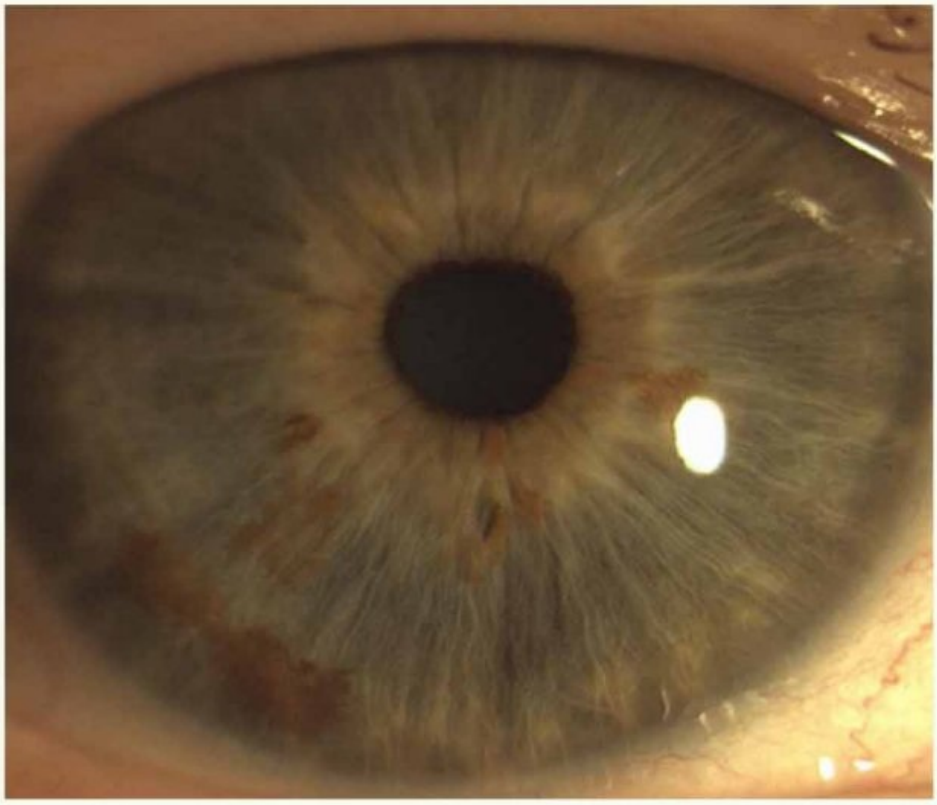
EXAMPLE 4

Example 4-Gall bladder stones

Female. Right iris. Obesity, hypercholesterolemia, constipation.
Pupil: intermediate constriction, flattening in the superior part.
Constitution: lymphatic.
Morphology: neurogenic.
Diathesis: exudative.
Description. Right iris. Narrow collarette with a lightened, amber-rose gastric ring and hazelnut-colored pigments protruding on the autonomic nerve wreath. The wreath is impregnated by a bright white pigmentation extending into the third circular ring. Wide merging hazelnut spots at 7 – 8 o'clock (liver area). The presence of gallstones and hepatic steatosis has been confirmed by a liver echography.

Suggestions. Weight-loss diet combined with hypolipemic treatment and herbal-based liver protectors.

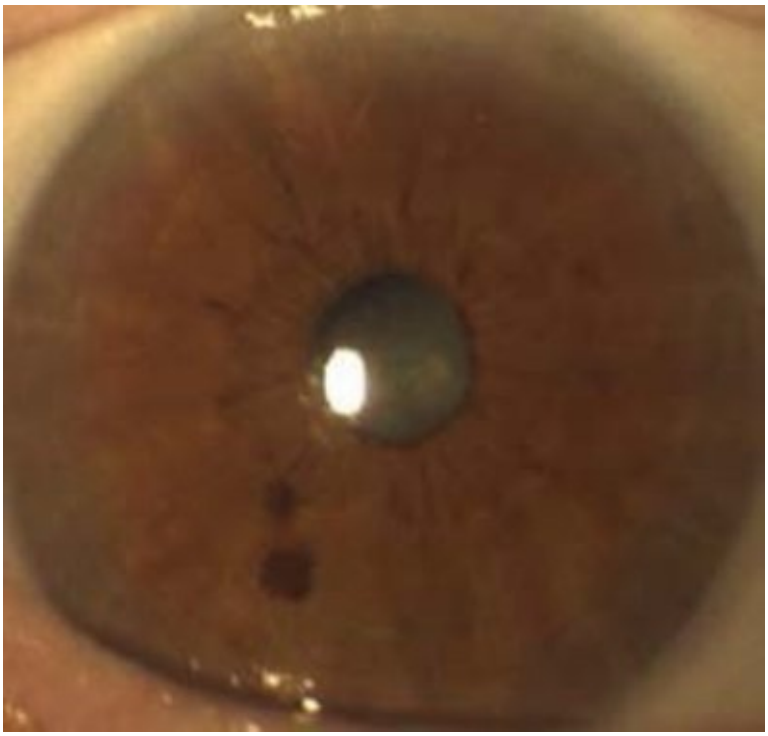
## Example 4 - Gallbladder Stones



**Right iris. Narrowed collarette with a lightened, amber-rose gastric ring and hazelnut-colored pigments protruding on the autonomic nerve wreath. The wreath is impregnated by a bright white pigmentation extending into the third circular ring. Wide merging hazelnut spots at 07:00-08:00 o'clock (liver area)**

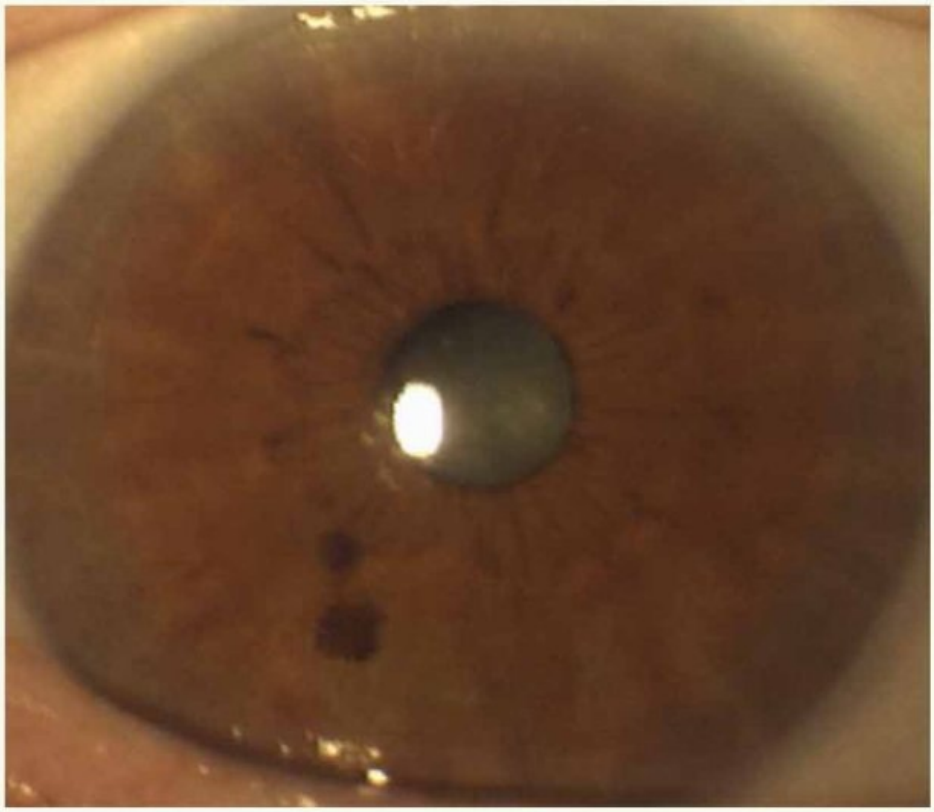
EXAMPLE 5

Example 5-Gall bladder stones



Female. Right iris. Frequent biliary colics worsening over time.
Pupil: constricted.
Constitution: hematogenic.
Morphology: vegetative – spasmodic.
Diathesis: lipemic.
Description. Narrowed collarette. Contraction rays and sodium ring in the frontal area. Two dark – brown spots at 7 – 7:30 in the third and fourth circular rings (liver-gallbladder area). Blood analysis and liver echography have shown dyslipidemia (hypertriglyceridemia and hypercholesterolemia) and presence of gallstones.
Suggestions. Cholecystectomy after a period of hypolipemic weight-loss diet.

## Example 5 - Gallbladder stones



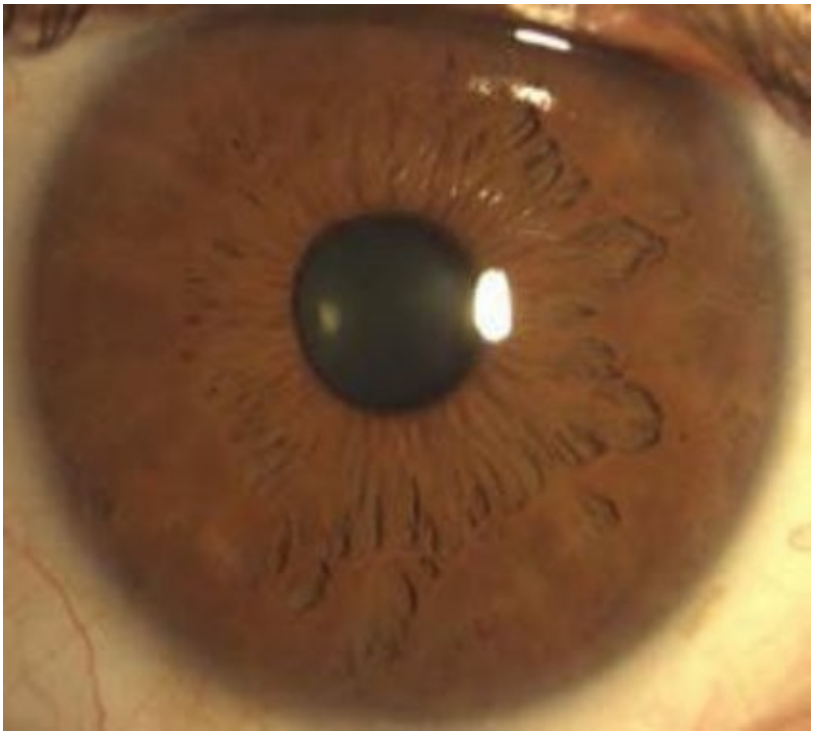
**Right iris. Narrowed collarette.**
**Sodium ring**
**in the frontal area.**
**Two dark-brown spots at 07:00 - 07:30 in the third and fourth circular rings**
**(liver-gallbladder area)**

# Colon Diverticulosis

Definition. Diverticula are outpouchings of the mucosa through the muscular layer where the layer is crossed by an arterial vessel. They are more frequent in the descending and sigmoid colon. Diverticulosis can be asymptomatic or cause generic intestinal disorders (cramps, bloating). It often results in the alteration of the intestinal flora causing air colics, diarrhea or constipation.
Iridological markings. Dilations, fiber rarefaction, lacunae, pigments in the temporal and frontal portions of the collarette in the right and/or left iris.

EXAMPLE 6

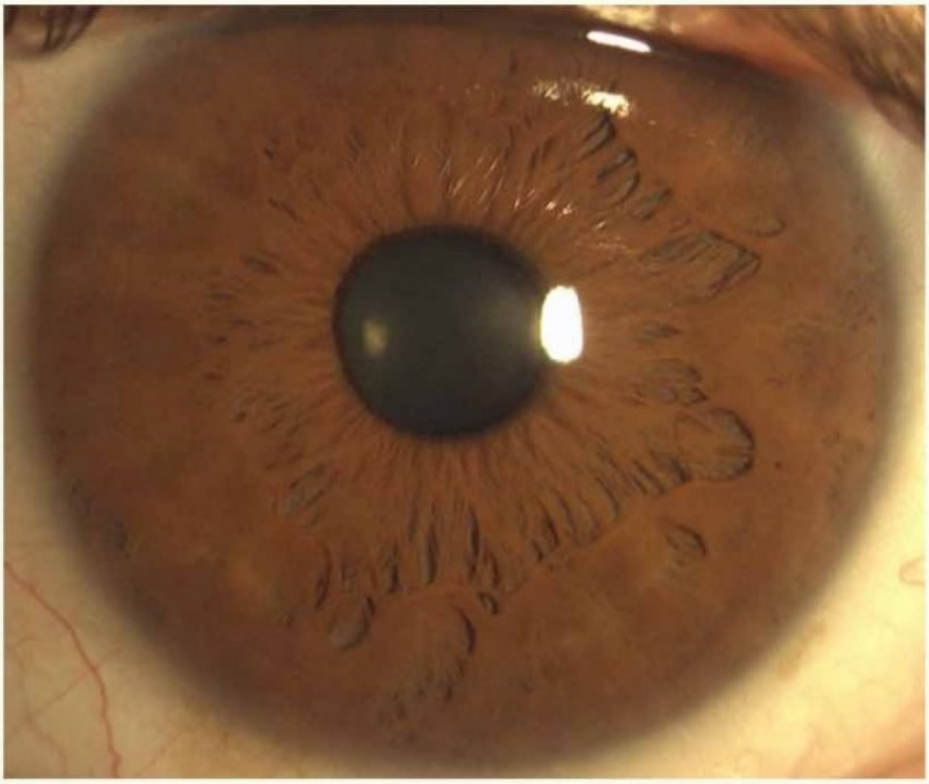
Example 6-Colon diverticulosis



Male. Left iris. Meteorism, air colics, constipation.
Pupil: intermediate contraction.
Constitution: hematogenic.
Morphology: vegetative - spasmodic.
Diathesis: uric.
Description. Frayed collarette. Dilation of collarette from 1 to 7 o’clock with deep second and third-stage lacunae in the dilated tract (descending and sigmoid

colon). Second-stage roof-tile lacunae at 6 o’clock in the whole ciliary body (rectum). Colonscopy: megacolon with severe diverticulosis in the left hemicolon and descending colon.
Suggestions. Assumption of digestive enzymes and probiotics, exclusion of large-leaved vegetables in the diet.

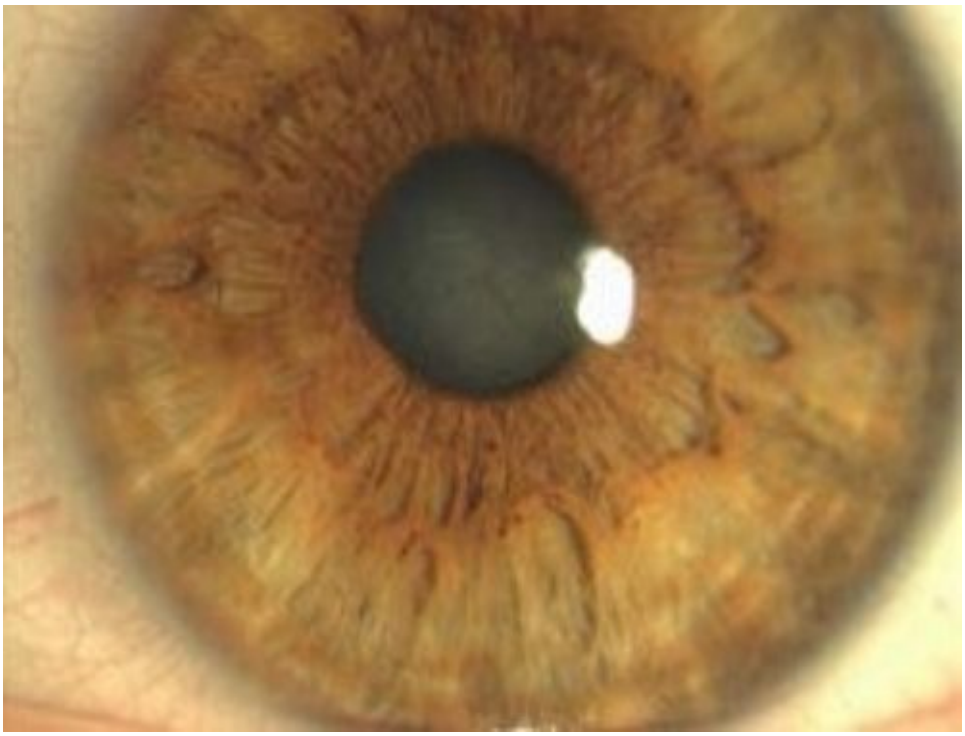
## Example 6 - Colon diverticulosis



**Left iris. Frayed collarette.**
**Dilation of collarette**
**from 01:00 to 07:00 o'clock**
**with deep second**
**and third-stage lacunae in the dilated tract**
**(descending and sigmoid colon).**
**Second-stage roof-tile lacunae**
**at 06:00 o'clock in the whole ciliary body**
**(rectum)**

EXAMPLE 7

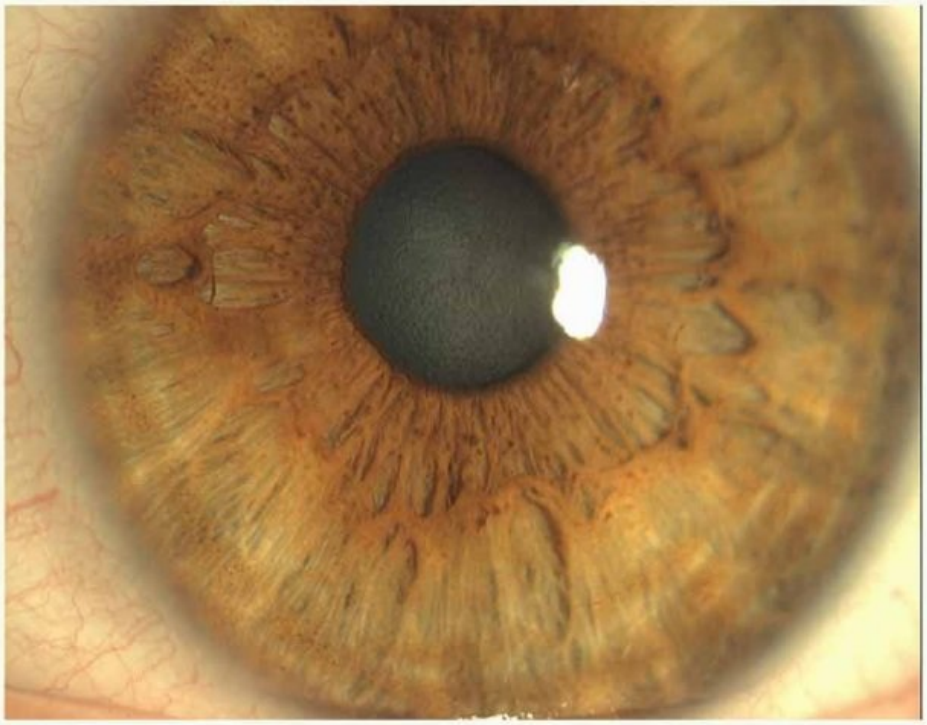
Example 7 - Colon diverticulosis



Female. Left iris. Air colics. Constipation alternating with diarrhea. Hemorrhoids. Digestive headache. Postprandial abdominal spastic dilation.
Pupil: dilated with vertical ovalization.
Constitution: biliary.
Morphology: weak connectival/vegetative-spasmodic.
Diathesis: uric.

Description. Collarette with swollen and thinned-out fibers surrounding lacunae, visible underlying layer in some areas, tobacco grain impregnation. Swollen, protruding autonomic nerve wreath. Contraction arcs, bright ochre tophi and lightening of the ciliary body. Transverse and descending colon diverticulosis diagnosed through colonscopy. Liver echography showing steatosis.
Suggestions. Treatment with water-soluble fibers and water with a high fixed residue, probiotics, digestive enzymes, liver protectors.

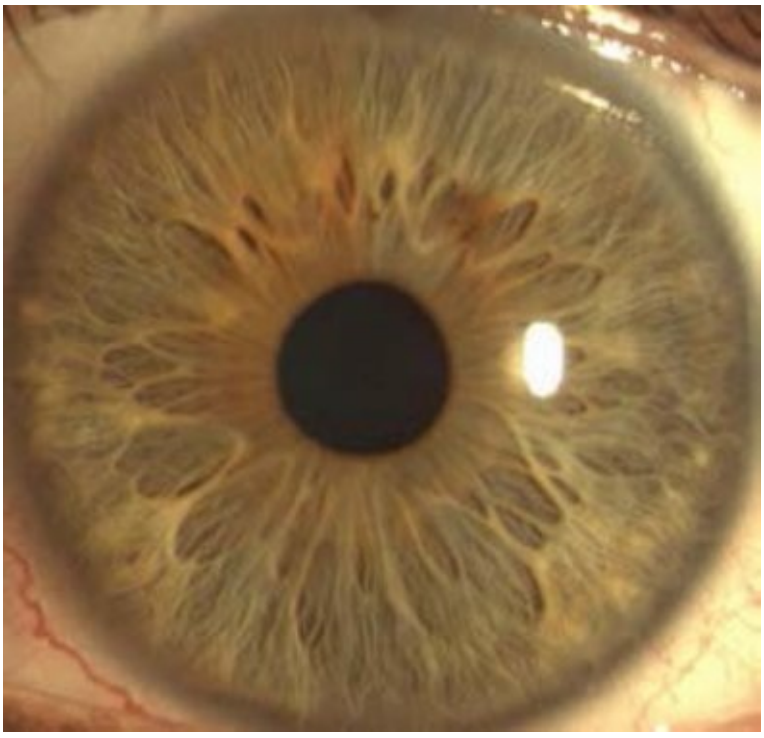
## Example 7 - Colon diverticulosis



**Collarette with swollen and thinned-out fibers surrounding lacunae, visible underlying layer in some areas, tobacco grain impregnation. Swollen, protruding autonomic nerve wreath. Contraction arcs, bright ochre tophi and lightening of the ciliary body.**

EXAMPLE 8

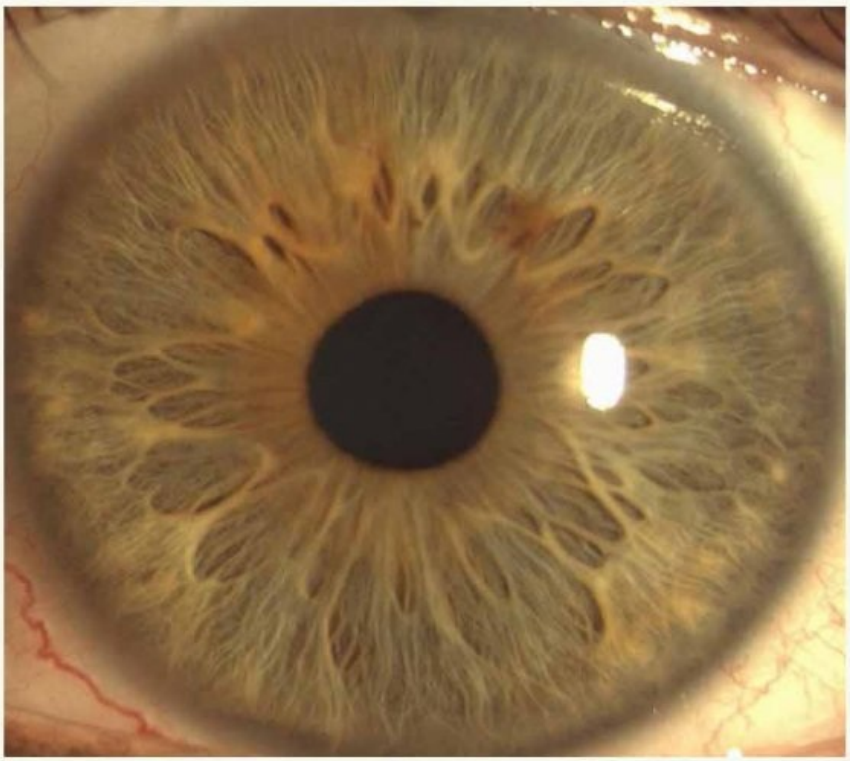
Example 8 - Colon diverticulosis



Female. Left iris. Intolerance to lactose. Diarrhea and gas colics. Cardiac arrhythmia. Troubled sleep.
Pupil: intermediate dilation.
Constitution: lymphatic.
Morphology: weak connectival/tubercular.
Diathesis: uric.
Description. Neurasthenic ring. Lightened, translucid salmon-pink ring. Intestinal ring occupied all over by first-stage lacunae and dilation of the lateral and inferior sectors with a wide interruption of the lower autonomic nerve wreath. Bright yellowish tophi in the peripheral area of the ciliary body. Bright ochre impregnation in the upper part of the wreath extending into the frontal sector. Sigmoid and descending colon diverticulosis confirmed by colonscopy.

Suggestions. Lactose-free diet, digestive enzymes, restoration of the bacterial flora in the first intestinal tract followed by restoration of the colic flora, herbal-based therapy for lymphatic system drainage.

## Example 8 - Colon diverticulosis



**Neurasthenic ring. Lightened, translucid salmon-pink ring. Intestine ring occupied all over by first-stage lacunae and dilation of the lateral and inferior sectors with a wide interruption of the lower autonomic nerve wreath.**
**Bright yellowish tophi in the peripheral area of the ciliary body.**
**Bright ochre impregnation in the upper part of the wreath extending into the frontal sector.**

# Headache

Symptom caused by several diseases manifesting itself in a wide range of forms and intensity.
Here below is a simplified classification of the main types of headache.
Migraine. Benign syndrome normally triggered by external factors (alcohol, hunger, sleeplessness, menstruations, anxiety). It involves one half of the cranium and is often accompanied by nausea and vomiting. It can be preceded by the so-called aura, warning signs like photophobia, flashes of light, dizziness, tinnitus, blind spots.
Cluster headache. Daily headaches continuing over weeks or months and suddenly interrupting for long periods of time, sometimes for more than one year.
Tension headache. Pain described as a tight band around the head or a painful contraction of posterior neck muscles.
Spinal tap (lumbar puncture) headache. The pain arises a few days after the tap and is caused by leaking of spinal fluid. It worsens in the upright position.
Post- traumatic headache. A result of cranial trauma, even a mild one. It is accompanied by dizziness, memory and concentration deficit.
Temporal arteritis. Headache caused by inflammation of the external carotid artery and its branches.
Cough headache. Exertion headache. Orgasm headache. Heterogeneous group of headaches related to exertion or physical efforts characterized by intense though transient pain.
Cerebral cancer headache. Dumb pain worsening with physical activity and change of posture, accompanied by nausea and vomiting.
Systemic diseases headache. Any disease can cause headache.

The following illnesses are almost always accompanied by headache: hypertension, pheochromocytoma, mononucleosis, systemic lupus erythematous, chronic respiratory failure with hypercapnia, Hashimoto’s thyroiditis, intestinal inflammatory diseases.
Drug-induced headache. Ovulation stimulators, chemotherapy, medication overdose and interruption of cortisone therapy can cause headache.
Headache induced by chemical and toxic substances. Headache can be triggered by two frequently used food additives: sulfurous anhydride and sodium glutamate. Sulfurous anhydride is used for keeping wine (especially white wine) clear and stable and displayed food products fresh. Sodium glutamate is very

often used in Asian countries and quite frequently in Western countries. It is a flavour enhancer which can cause the so-called “Chinese restaurant syndrome” manifesting itself with headache, bursts of heat, sometimes nausea and vomiting. Heavy metals. Intoxication from heavy metals like mercury and lead can also trigger headache.
Iridological markings. Encephalic headache: spots, pigments, lacunae, radii solaris and contraction arcs in the frontal region. Digestive headache: markings appearing in the projection areas of the organs involved (colon, small intestine, stomach, liver, gall bladder). Hormonal imbalance: markings in the glandular ring or in the projections of the endocrine glands involved (thyroid, gonads, pituitary gland, etc.) Cervical arthrosis headache: flattening, ovalization of the frontal portion of the pupillary border.

## EXAMPLE 9

Example 9 - Headache

Female. Right iris. Tension headache related to use of computer for work requiring constancy, precision, respect of deadlines.
Pupil: dilated.
Constitution: hematogenic.
Morphology: vegetative-spasmodic.

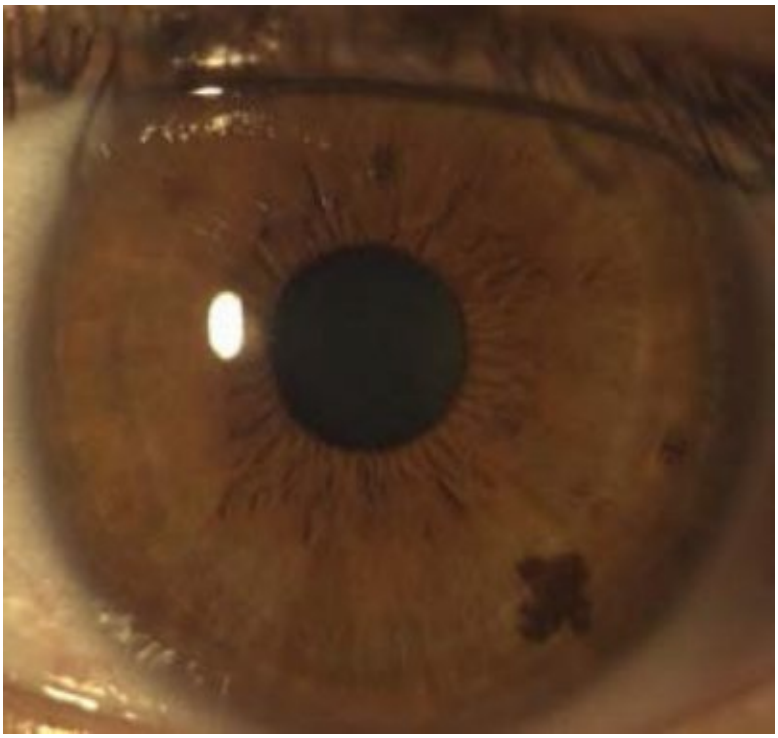
Description. Narrowed collarette. Protruding, rough-edged autonomic nervous wreath. Dark cauliflower spot in the fourth circular ring in the frontal sector. Nuclear magnetic resonance showing calcification in the anterior portion of the great cerebral sickle.
Suggestions. Reduction of eyestrain with protective glasses, PC screen shield, relax exercises, diet excluding high histamine food.

## Example 9 - Headache

**Narrowed collarette. Protruding, rough-edged autonomic nervous wreath. Dark cauliflower spot in the fourth circular ring in the frontal sector. Pointing vessel in the sclera.**

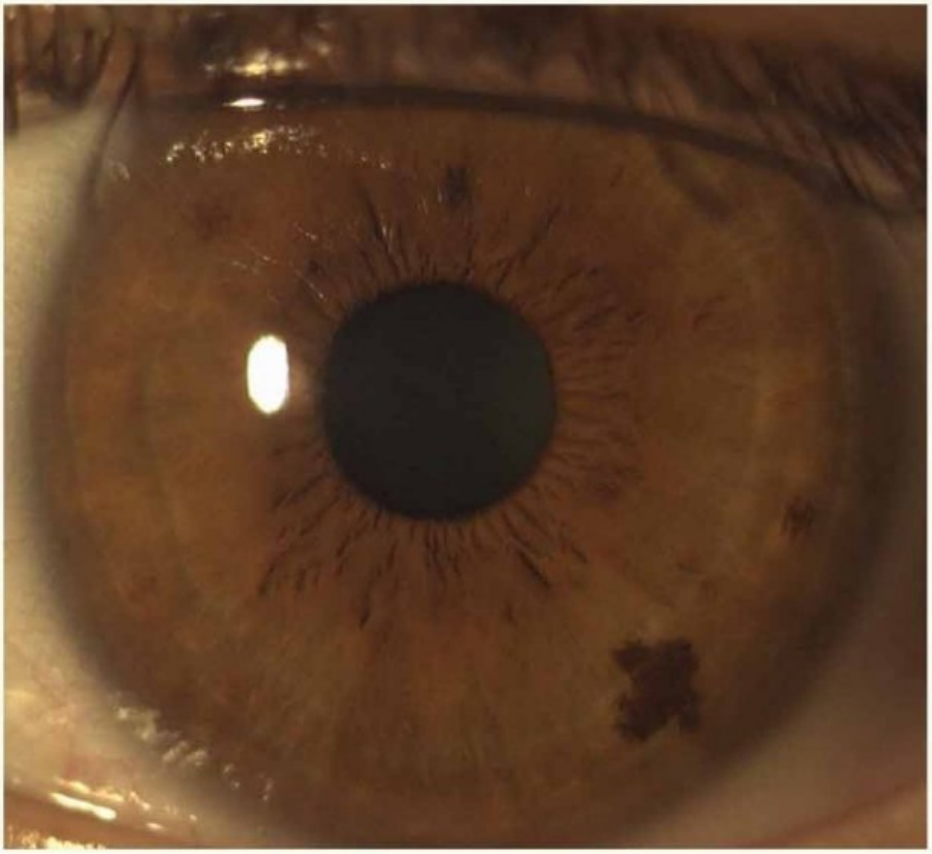
EXAMPLE 10

Example 10 – Headache



Female. Left iris. Tension headache resistant to antalgic therapy.
Constitution: hematogenic.
Morphology: vegetative-spasmodic.
Diathesis: uric.
Description. Dark pigments in the projection areas of the pituitary gland (12 o'clock, frontal sector), mammary gland (3:45, temporal sector), ovary (4:30, ventral sector). Short radii solari in the frontal area.
Suggestions. Antalgic therapy and substitute gynecological treatment.

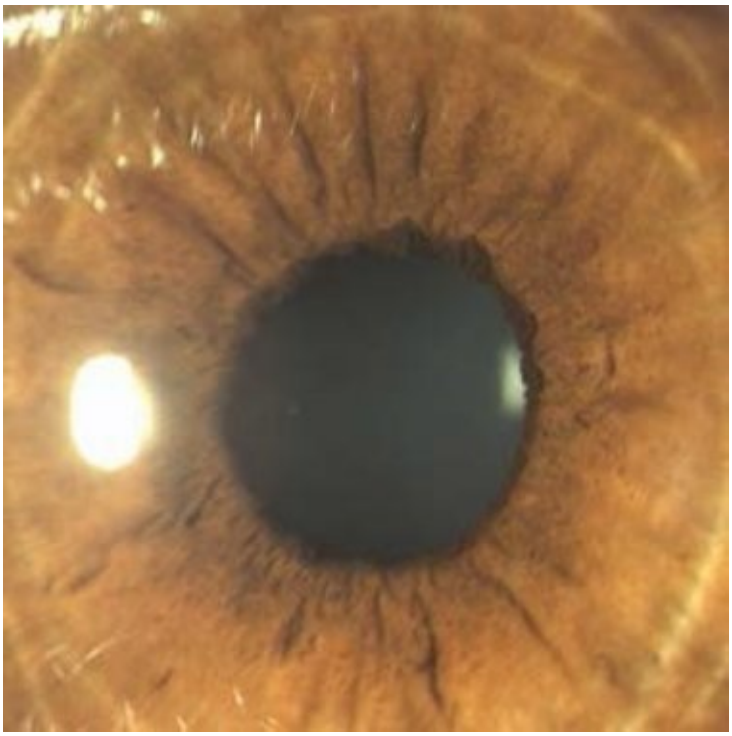
## Example 10 - Headache



**Left iris. Dark pigments in the projection areas of pituitary gland, mammary gland and ovary. Short radii solaris in the frontal area.**

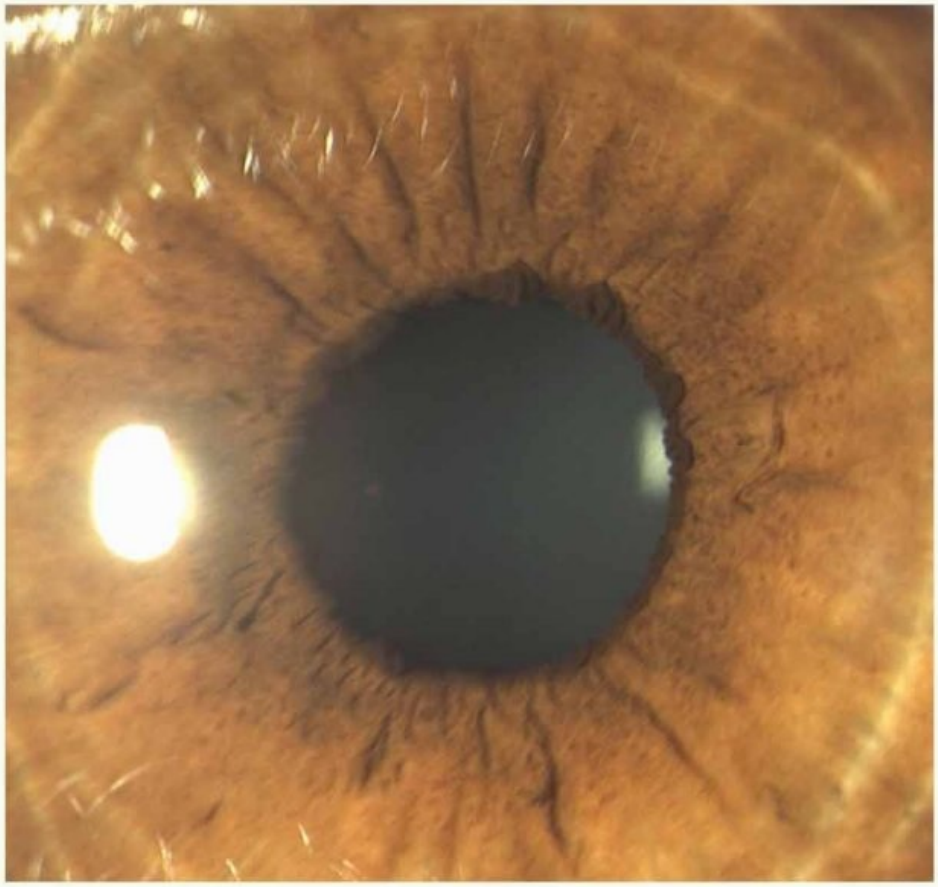
EXAMPLE 11

Example 11 – Headache



Male. Left iris. Muscle tension headache.
Pupil: constriction, right superior flattening.
Constitution: biliary.
Morphology: vegetative-spasmodic.
Description. The iris analysis has revealed flattening in the right superior pupillary border and radii solaris in the frontal area. Radiographic examination has shown cervical arthrosis.
Suggestions. Cervical column physiotherapy and common antalgic drugs combined with myorelaxants.

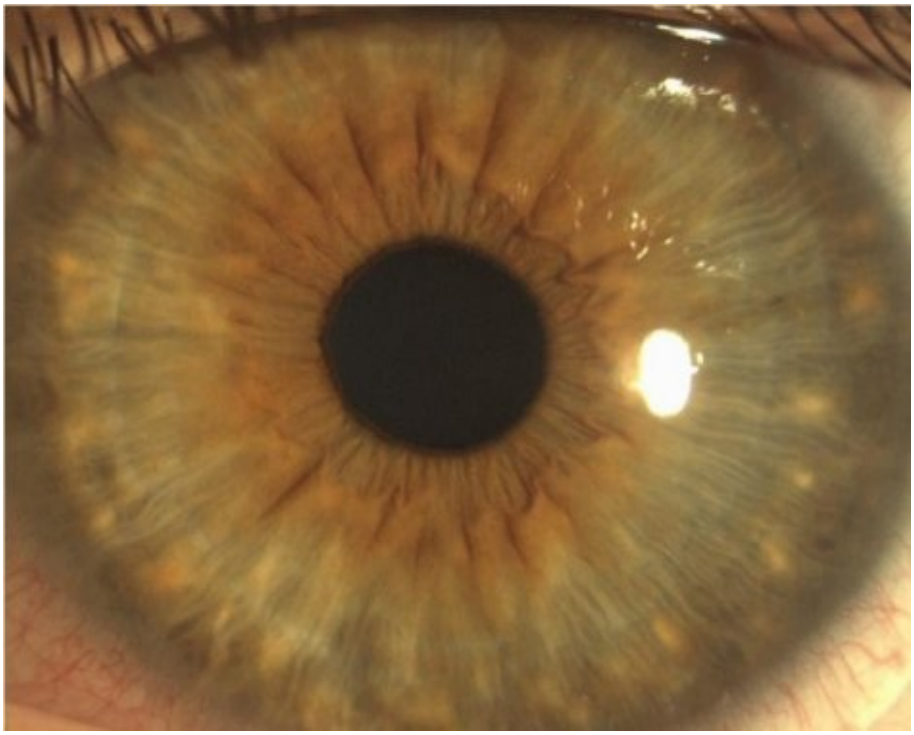
## Example 11 - Headache



**Flattening of the right superior pupillary border and radii solaris in the frontal area.**

EXAMPLE 12

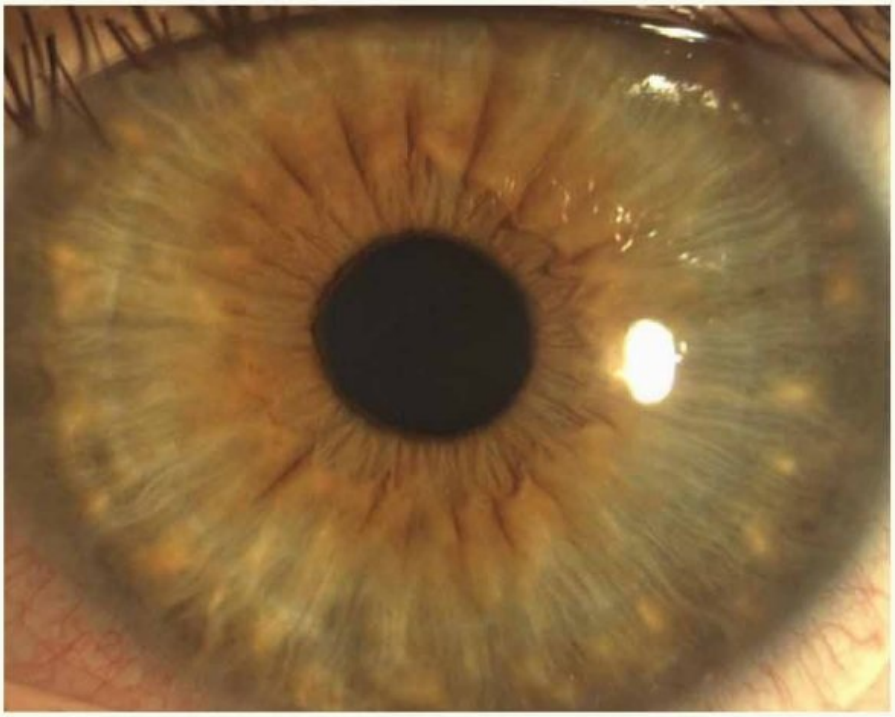
Example 12 – Headache



Male. Left iris. Afternoon headache, dyslipidemia, hypertension.
Pupil: dilated.
Constitution: lymphatic.
Morphology: neurogenic/vegetative-spasmodic.
Diathesis: uric.
Description. The iris examination reveals radial furrows starting from the intestinal area and reaching the frontal sector both in the left and right iris. The intestinal ring shows dilated trabeculae and is impregnated with a bright orange-ochre yellow pigmentation extending beyond the autonomic nervous wreath in the frontal sector. Crown of tophi in the ciliary body.

Suggestions. From an iridological point of view, it is a digestive or metabolic headache which can be treated with digestive enzymes, recovery of the intestinal flora, herbal based draining and detoxifying medications.

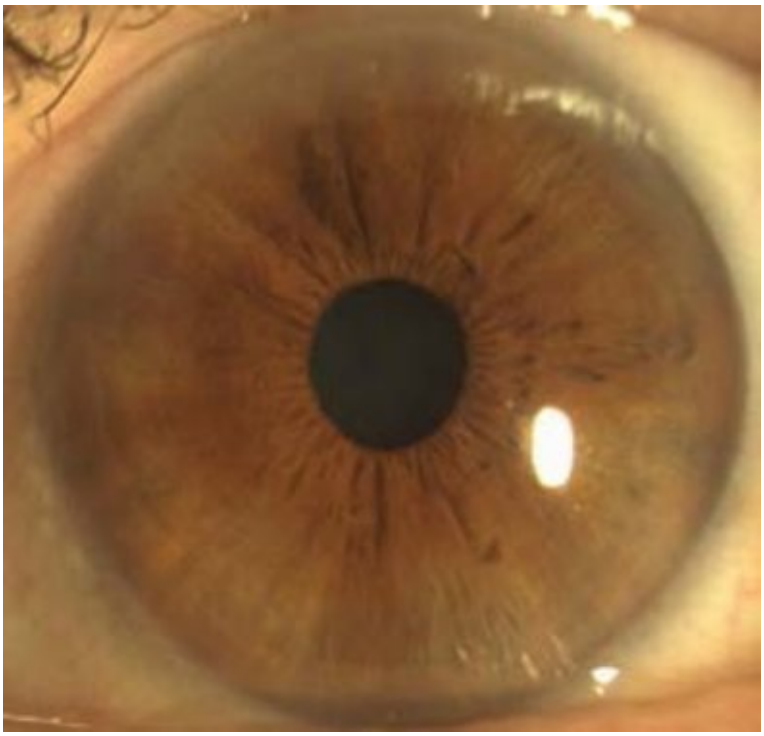
## Example 12 - Headache



**Radial furrows extending from**
**the intestinal area to the frontal sector.**
**Intestinal ring with dilated trabeculae and**
**impregnated with a bright**
**orange-ochre yellow pigmentation**
**extending beyond**
**the autonomic nervous wreath,**
**particularly in the frontal sector.**
**Crown of tophi in the ciliary body.**

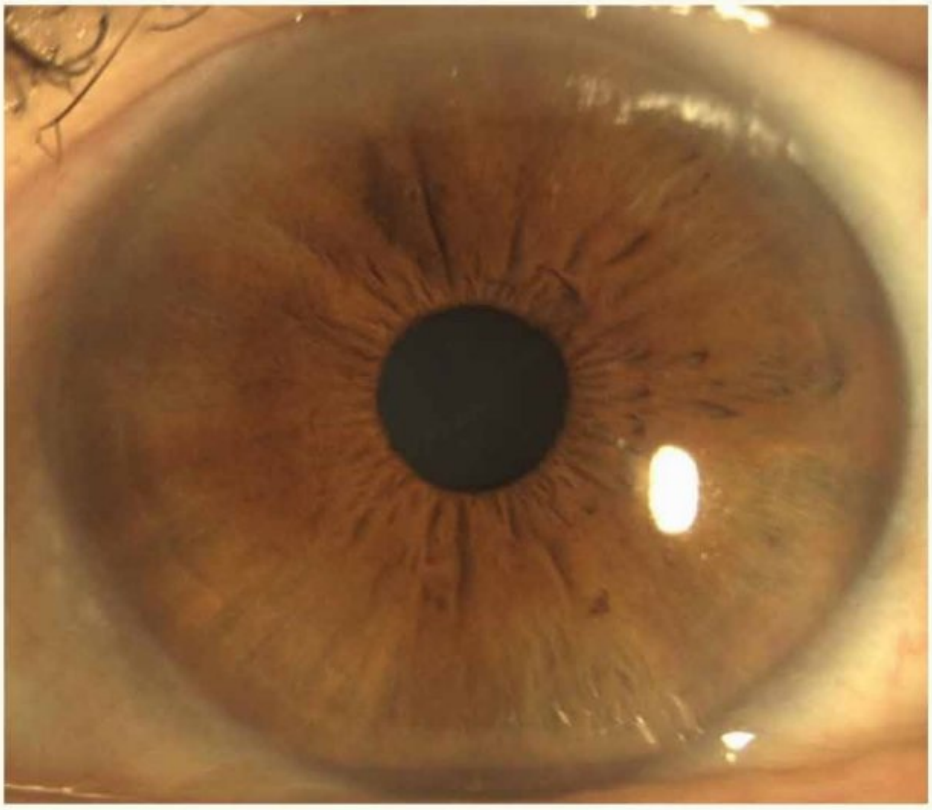
EXAMPLE 13

Example 13 – Headache



Female. Right iris. Pulsing headache resistant to treatment.
Pupil: constricted.
Constitution: biliary.
Morphology: vegetative-spasmodic.
Diathesis: cholesterinic.
Description. Spasmodic collarette, interruptions of the autonomic nervous wreath. Major radial furrow in the frontal area and brown spot with blurred margins. Complete sodium ring. Calcified scleral deposits at 08:00 – 09:00 o'clock.
Suggestions. Antalgic therapy combined with low lipid treatment for the prevention of atherosclerosis (cholesterinic diathesis).

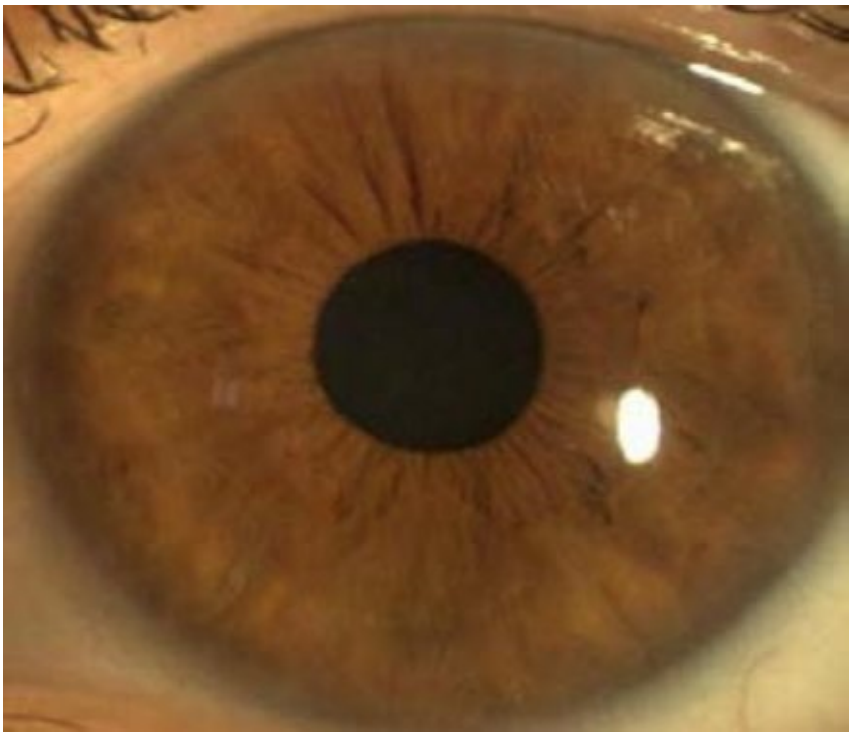
## Example 13 - Headache



**Spasmodic collarette, interruptions of the autonomic nervous wreath. Major radial furrow in the frontal area and brown spot with blurred margins. Complete sodium ring. Calcified scleral deposits.**

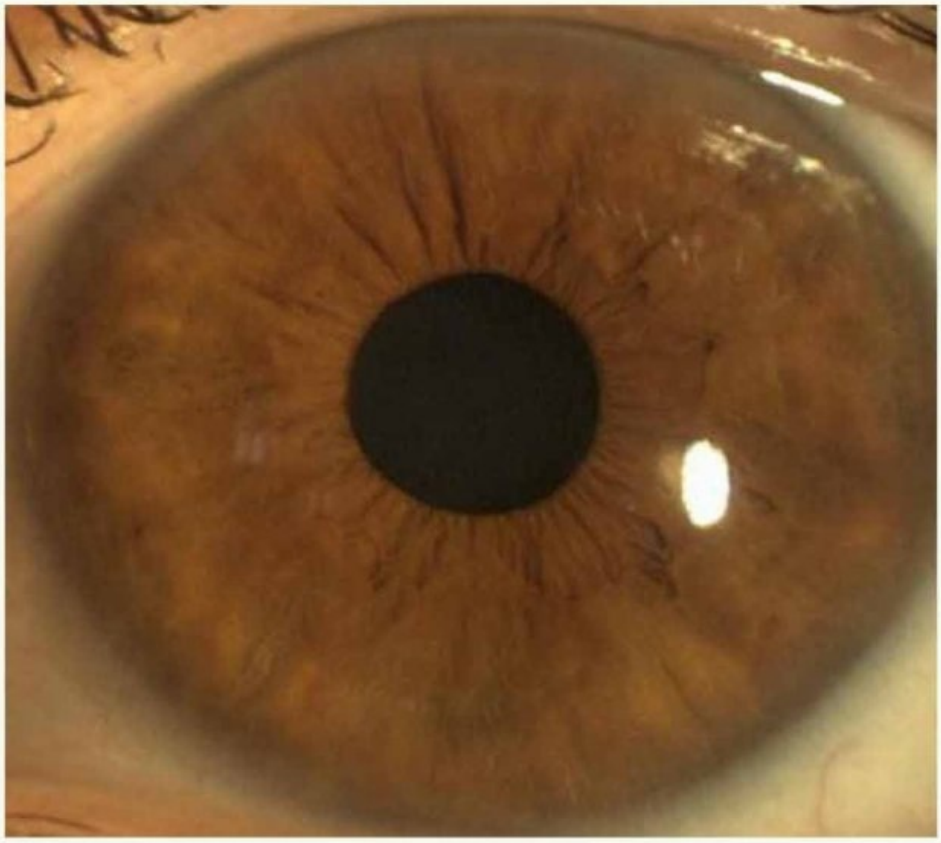
EXAMPLE 14

Example 14 – Headache



Female. Left iris. Oppressive headache. Patient suffering from multiple sclerosis.
Constitution: hematogenic.
Morphology: vegetative-spasmodic/weak glandular.
Diathesis: exudative/uric.
Description. Major radial furrow in the frontal region. Narrowed collarette. Flattened autonomic nervous wreath. Small lacunae attached to the wreath in the temporal area.
Suggestions. Patient undergoing interferon treatment. Mitigation of symptoms obtained with antioxidants, common antalgic drugs combined with draining and detoxifying herbal-based medications.

## Example 14 - Headache



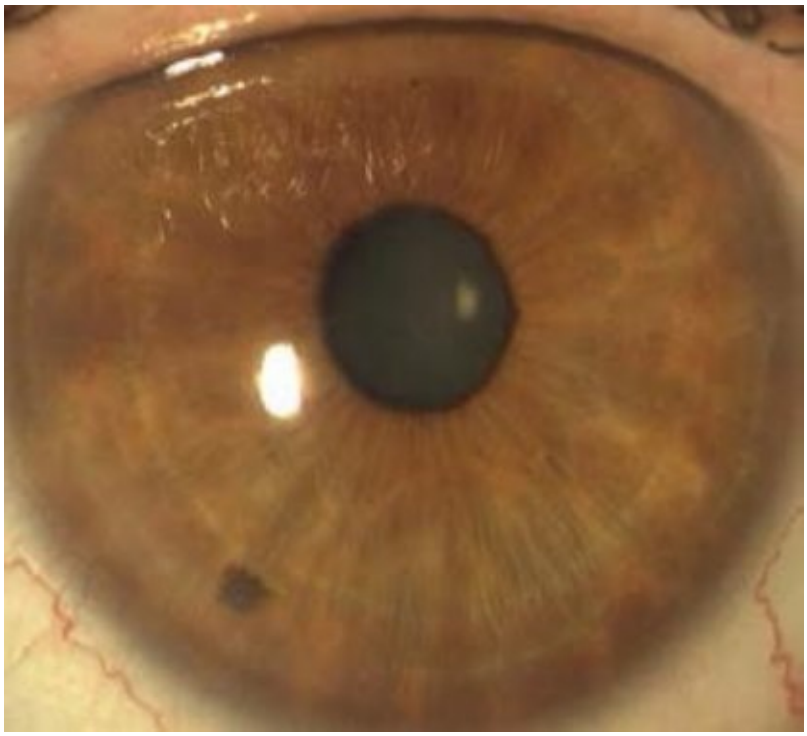
**Major radial furrow in the frontal region.**
**Narrowed collarette.**
**Flattened autonomic nervous wreath.**
**Small lacunae attached to the wreath**
**in the temporal area.**

# Irritable Bowel Syndrome

Functional disease affecting colon activity characterized by motility disorders such as alternation of diarrhoea and constipation, post prandial bowel dilation, gas colics, sleep disorders, hypersensitivity to mechanical and thermal stimuli. The alterations of the intestinal bacterial flora caused by this syndrome can induce colon inflammatory reactions and compensatory overload in other organs of the digestive apparatus (stomach, small intestine, liver, gallbladder). Also, colon failure or pathologies (gastritis, liver-gallbladder failure) can cause secondary colon disorders which can often be mistaken for irritable bowel syndrome.
Iridological markings. Dilation, rarefaction of fibers, lacunae, pigments in the temporal and frontal sector of the collarette in the right and/or left iris. Rays and contraction arcs. Signs of suffering in the projection areas of digestive organs (stomach, duodenum, liver).

EXAMPLE 15

Example 15 – Irritable bowel syndrome

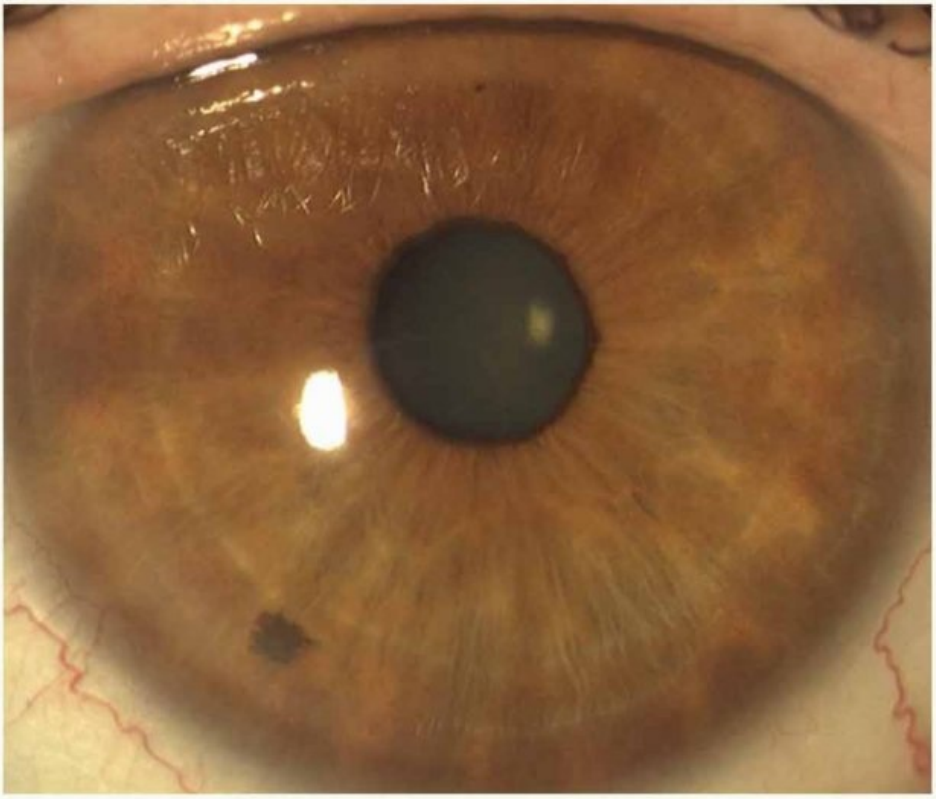


Male. Right iris. Alternation of diarrhea and constipation, intolerance to lactose

and several vegetables with negative allergometric tests. Symptoms associated with emotional stimuli.
Pupil: intermediate dilation.
Constitution: biliary.
Morphology: neurogenic/vegetative-spasmodic.
Diathesis: exudative.
Description. The iris examination points out no signs in the intestinal ring of both irises (absence of dilation, rarefaction of fibers, contractions or lacunae). Brown spot in the liver projection area associated with tangential scleral pointer in the right iris. The physical examination (palpation of the right hypochondrium) has revealed hepatomegaly.

Suggestions. Rebalancing of the bacterial flora in the first intestinal tract with probiotics; liver protectors, herbal-based therapy for liver and gallbladder.

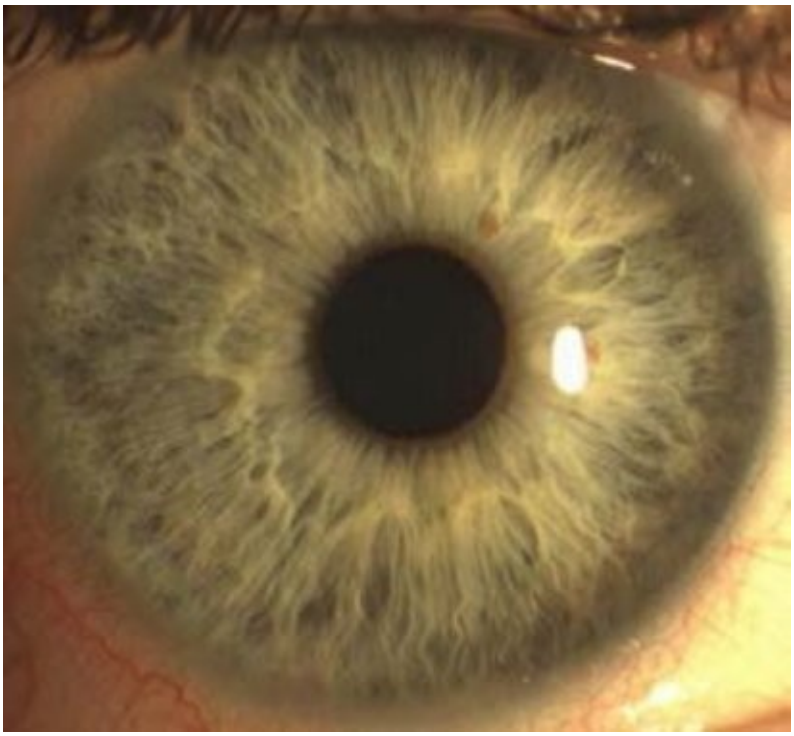
## Example 15 - Irritable bowel sindrome



**Right iris.**
**No signs in the intestinal ring of**
**both irises**
**(absence of dilation, rarefaction of fibers,**
**contractions or lacunae).**
**Brown spot in the liver projection area**
**associated with tangential**
**scleral pointer in the right iris.**

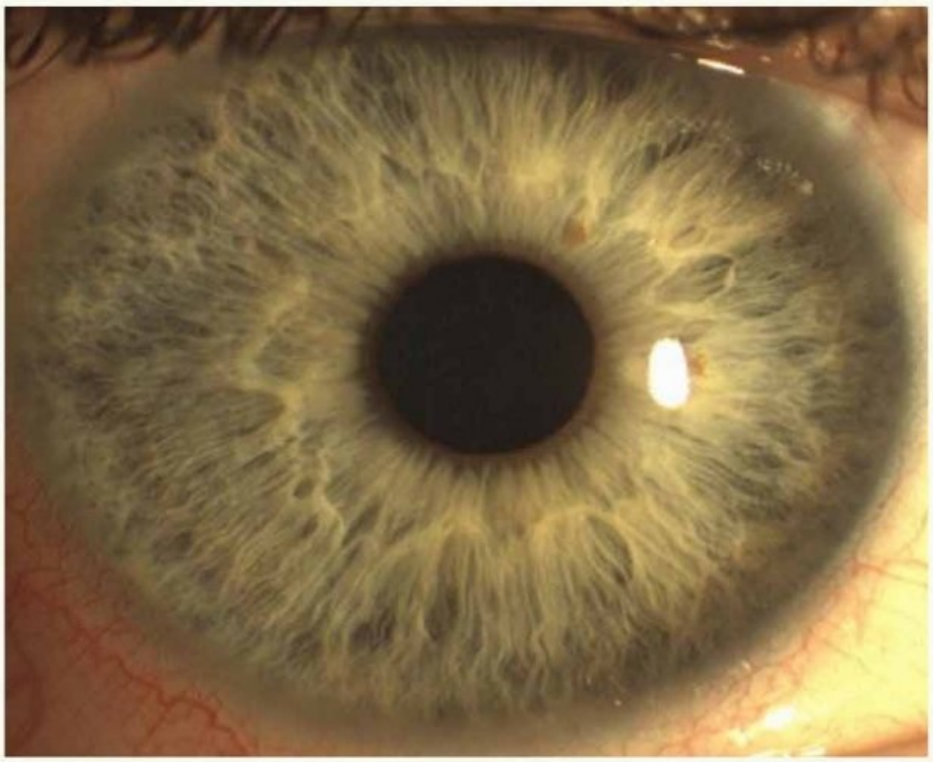
# EXAMPLE 16

## Example 16 – Irritable bowel syndrome



Male. Left iris. Diagnose of irritable bowel disease. Symptoms mainly triggered by emotional stimuli.
Pupil: dilated.
Constitution: lymphatic.
Morphology: neurogenic.
Diathesis: exudative.
Description. Signs of suffering in the gastric ring (neurasthenic ring, darkening in the first circular ring, salmon-colored pigment in the left superior portion). Thickening of the autonomic nervous ring and bright white impregnation of the temporal area in the third and fourth circular rings.
Suggestions. Stomach protectors and rebalancing of the intestinal flora in the first intestinal tract (stomach and small intestine).

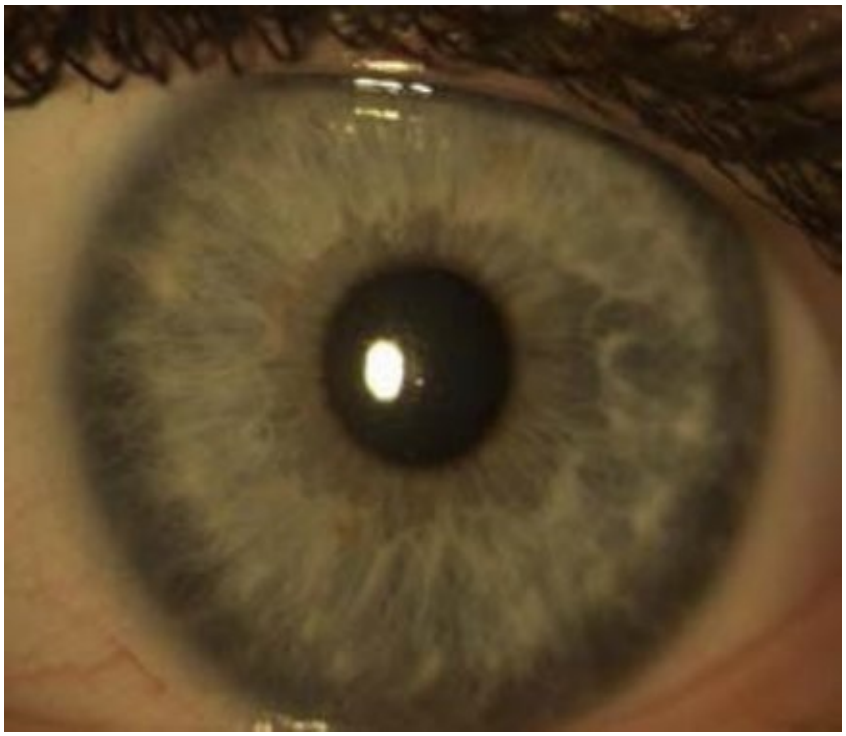
## Example n. 16 - Irritable bowel s.



**Left Iris. Clear signs in the gastric ring (neurasthenic ring, darkening in the first circular ring, salmon-colored pigment in the left superior portion). Bright swelling of autonomic nervous wreath.**

EXAMPLE 17

Example 17 – Irritable bowel syndrome

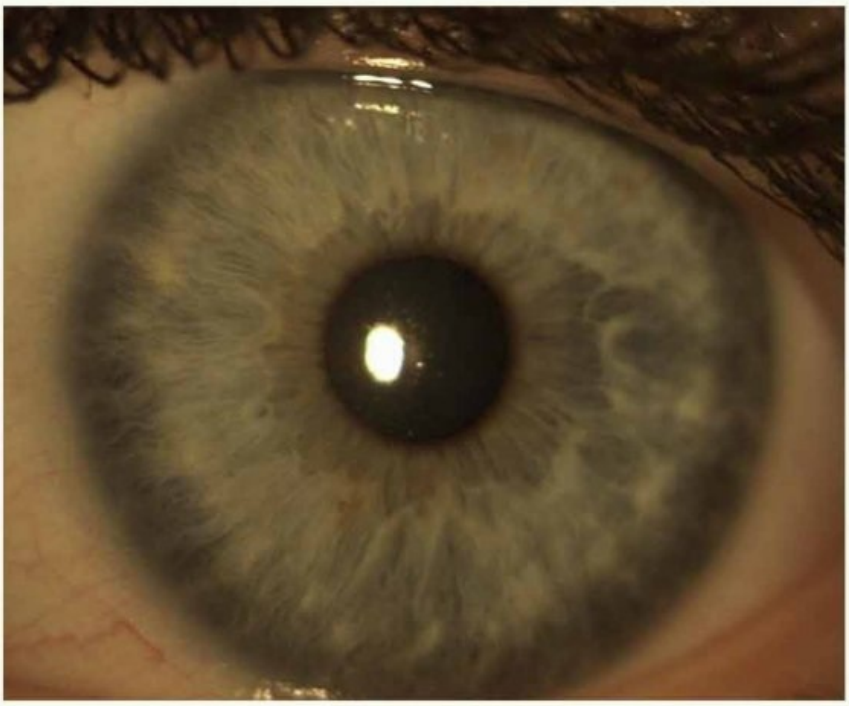


Female. Left iris. Palpitations, arrhythmia, sternum oppression (cardiological visit with negative result), diarrhea.
Pupil: intermediate dilation, vertical ovalization.
Constitution: lymphatic.
Morphology: neurogenic/tubercular.
Diathesis: exudative.
Description. Dilation of the temporal part of the collarette with fiber rarefaction and a series of small lacunae in the descending colon area in the left iris. Amber-colored gastric ring and reddish outer pupillary border. Open lacunae with bright edges attached to the wreath associated with thickened fibers in the heart zone at 2.40 – 3:20.

Suggestions. Rebalancing of the bacterial flora in the first and second intestinal tracts (maximum supply of probiotics) combined with digestive enzymes and herbal-based products for draining the lymphatic circulation.
Comment. Cardiac arrhythmia is often caused by digestive disorders. The iris analysis may help identify the symptom’s origin and chose the most appropriate

treatment.

## Example 17 – Irritable bowel s.



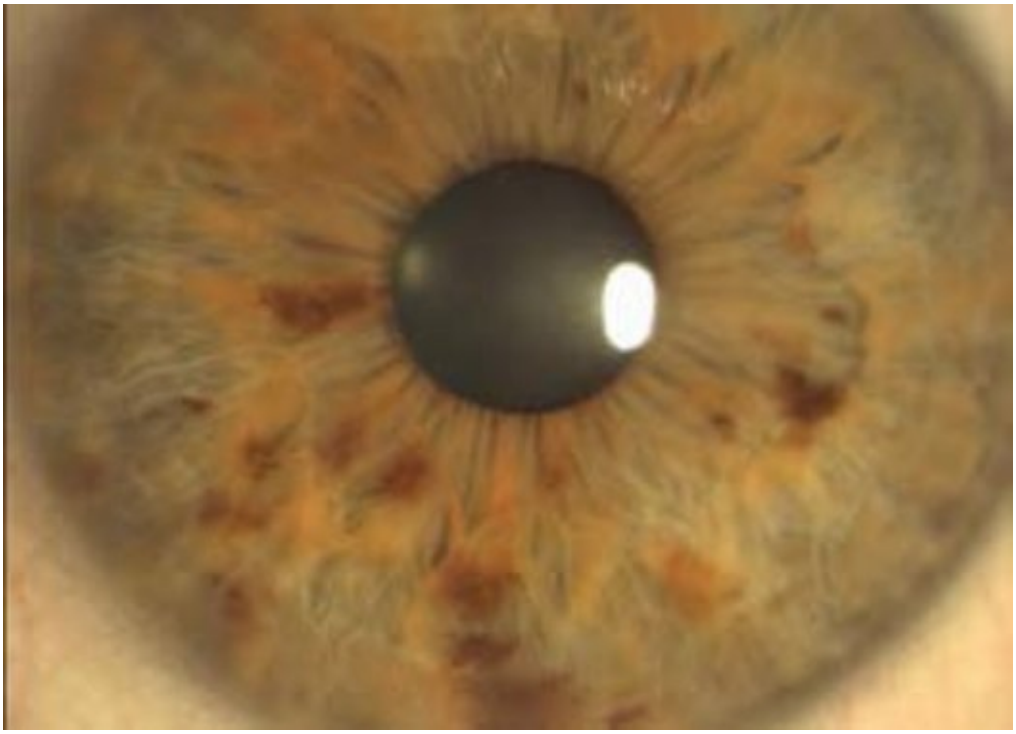
**Dilation of the temporal part of the collarette with fiber rarefaction and a series of small lacunae in the descending colon area in the left iris. Amber-colored gastric ring and reddish outer pupillary border. Open lacunae with bright edges attached to the wreath associated with thickened fibers in the heart zone at 02:40 - 03:20 o' Clock.**

# Fibromyalgia

Definition. Disease mainly affecting females characterized by diffused muscular and bone pain, trunk and shoulder girdle rigidity, paresthesia, multiple and symmetrical painful points. The distinctive clinical sign of fibromyalgia is indeed the presence of specific painful points called *tender* or *trigger points* . These are 18 points located in well-defined anatomical regions. Fibromyalgia is diagnosed when pain is present in at least 11 out of 18 tender points.
Iridological markings. Iridological features are not univocal. A certain prevalence of dyscratic and exudative diathesis and suffering in the intestinal area can be observed.

EXAMPLE 18

Example 18 - Fibromyalgia

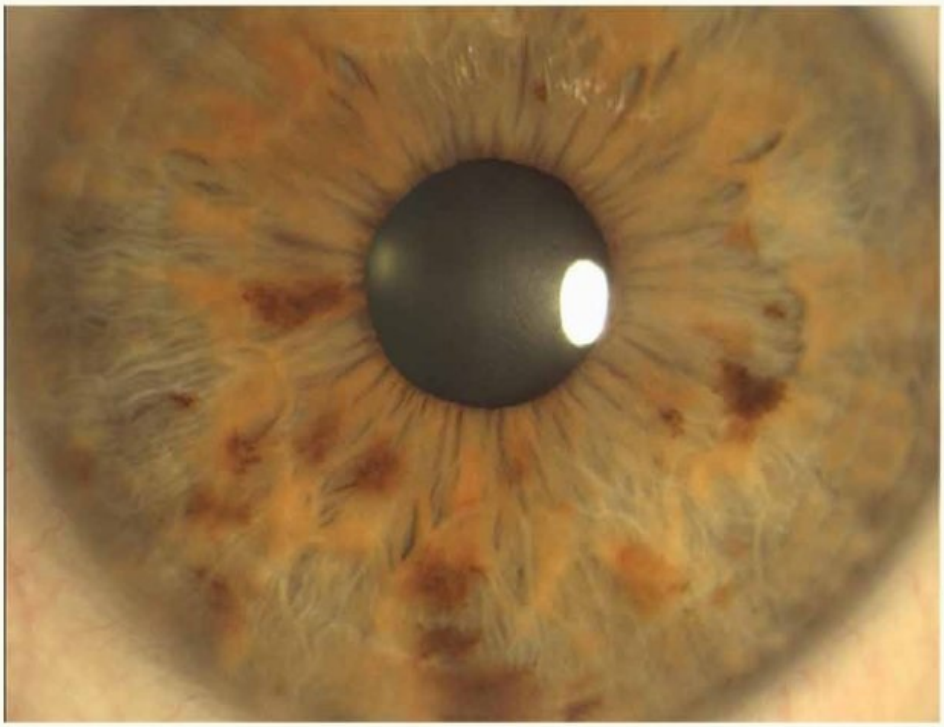


Female. Left iris. Severe, disabling fibromyalgia with poor response to antalgic treatment. Outcomes of mammary gland quandrantectomy with lymphadenectomy; radiotherapy and chemotherapy for mammary carcinoma.
Pupil: intermediate dilation.
Constitution: lymphatic.

Morphology: neurogenic.
Diathesis: dyscratic.
Description. Bright ochre-orange tophi merging in protruding plaques and impregnating the central area of the iris (collarette, third and fourth circular rings). Overlapping hazelnut pigments mainly located in the visceral sector.

Treatment choice. The patient has benefited from a long term antioxidant therapy and herbal-based medication for liver and lymphatic detoxification.

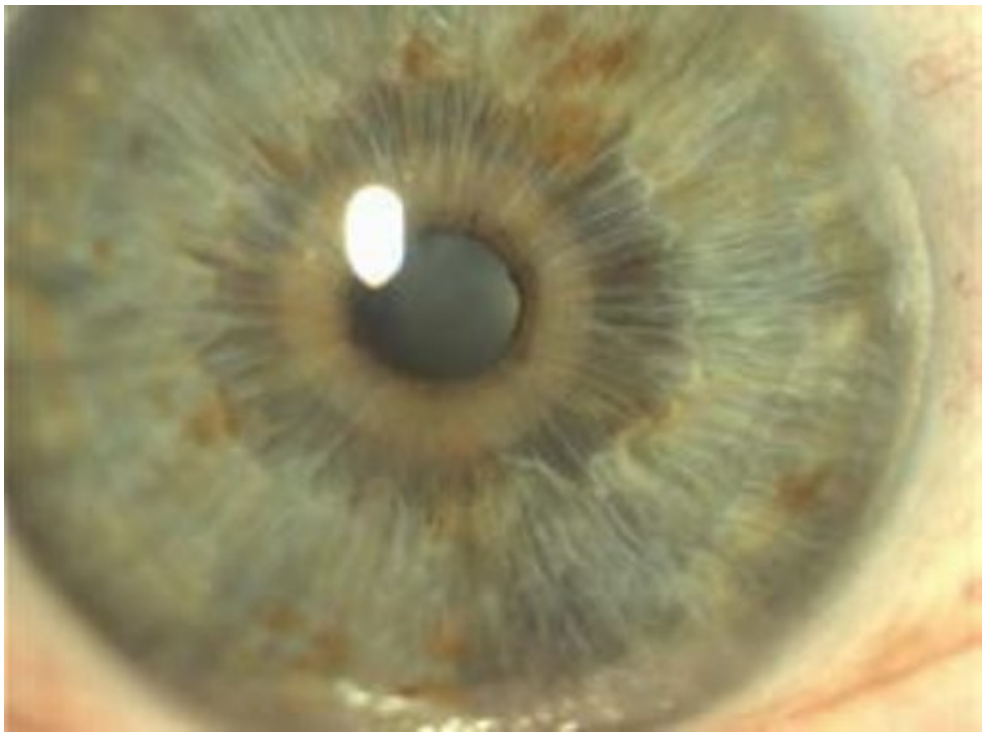
## Example 18 - Fibromyalgia



**Bright ochre-orange tophi merging in protruding plaques and impregnating the central area of the iris (collarette, third and fourth cirular rings). Overlapping hazelnut pigments mainly located in the visceral sector.**

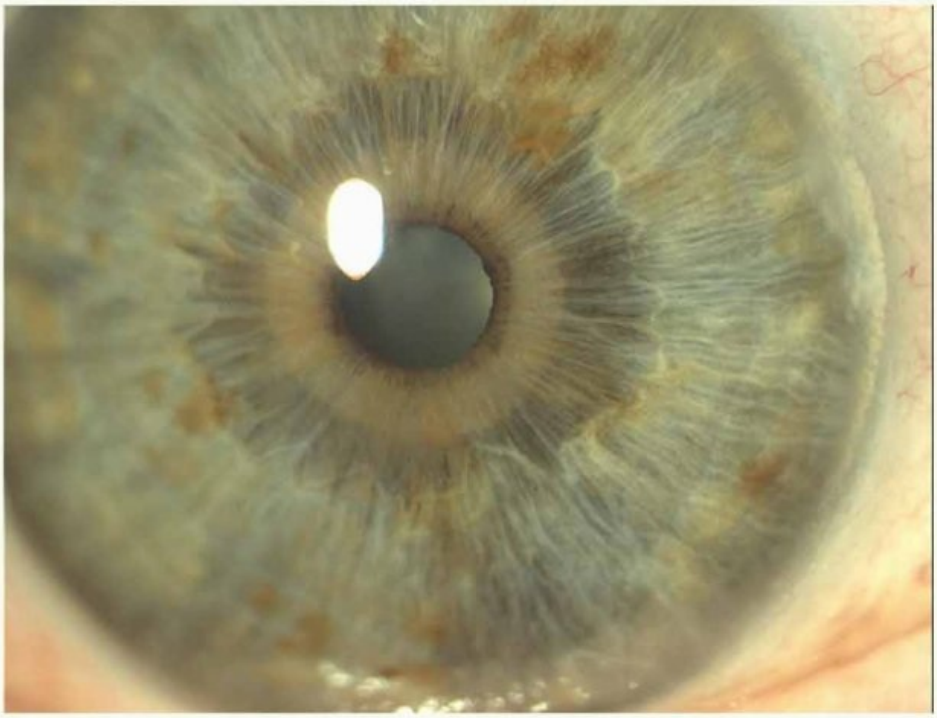
EXAMPLE 19

Example 19 – Fibromyalgia



Female. Right iris. Fibromyalgia and hair loss.
Pupil: constricted.
Constitution: lymphatic.
Morphology: neurogenic.
Diathesis: exudative.
Description. Greyish frayed outer pupillary border. Lightened gastric ring. Dilated, darkened nasal area of the intestinal ring (corresponding to the small intestine) delimited by a bright protruding autonomic nerve wreath. Tophi in peripheral areas. Calcified lunula in the nasal sector. Blood tests have revealed celiac disease.
Suggestions. Gluten-free diet and rebalancing of the intestinal flora.

## Example 19 - Fibromyalgia



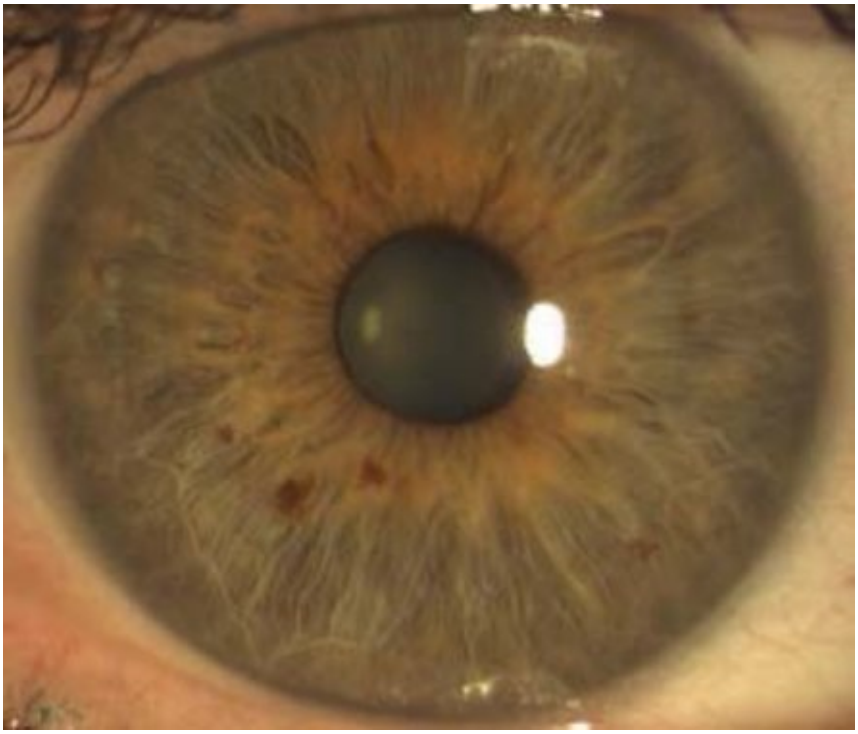
**Right iris. Greyish frayed outer pupillary border.**
**Lightened gastric ring.**
**Dilated, darkened nasal area of the intestinal ring (corresponding to the small intestine) delimited by a bright protruding autonomic nerve wreath.**
**Tophi in peripheral areas.**
**Calcified lunula in the nasal sector.**

# Liver Steatosis

Definition. Liver steatosis is also known as fatty liver. It is an alteration causing an increase in liver volume induced by triglycerides infiltration and deposit. It is mainly due to excessive food, obesity and abuse of alcoholics. Some hereditary diseases affecting fat metabolism (hypercholesterolemia with hypertriglyceridemia) can lead to liver steatosis. It is often associated with the so-called metabolic syndrome (dyslipidemia, hypertension, hyperuricemia).
Iridological markings. Right iris. Spots in the visceral sector at 07:00 – 08:00 o'clock. Transversal fibers delimiting a triangular area with vertex at 07:00 o'clock. Brown spots distributed in both iris areas and in the sclera.

EXAMPLE 20

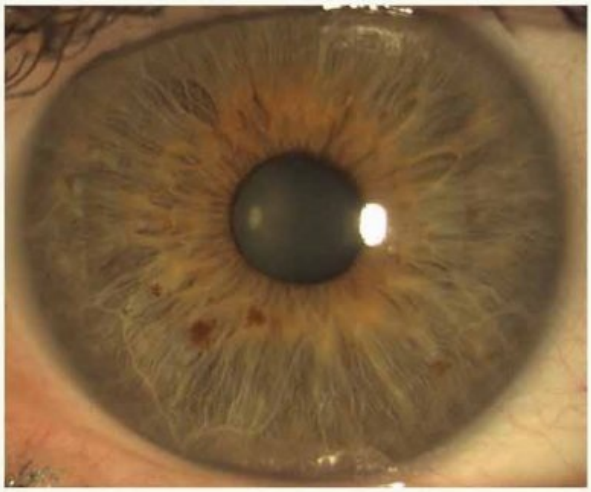
Example 20 - Liver steatosis, hepatic triangle

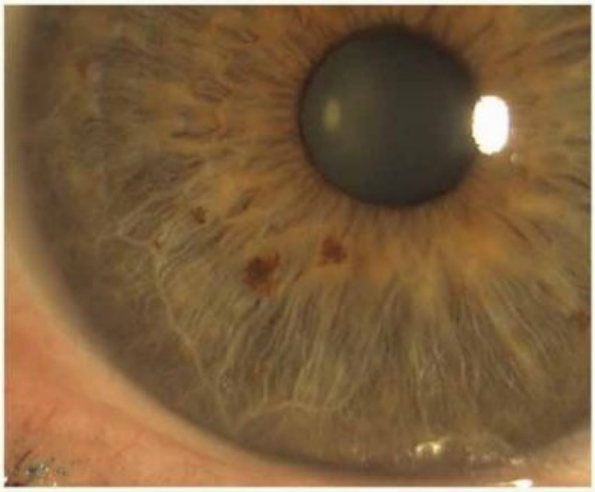


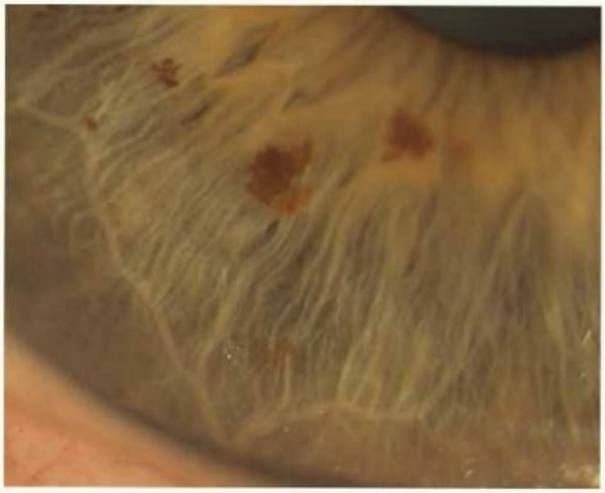
Female. Right iris. Patient suffering from metabolic syndrome, liver steatosis.
Pupil: intermediate dilation.
Constitution: lymphatic.
Morphology: neurogenic.Diathesis: uric.

Markings: ochre-colored collarette and light orange impregnation in the autonomic nerve wreath (central heterochromia). Lacuna in the border area between the temporal and frontal sectors at 10:30. Brown pigments with frayed margins in the visceral sector in the third circular ring at 7 o’clock. Two bright swollen fibers branching from the ciliary border at 07:00 o’clock delimiting a wide triangular area in the visceral sector at 06:00–08:00 o’clock. Opaque yellowish tophi impregnating the sixth circular ring.
Suggestion. Detoxifying and draining herbal-based therapy, antioxidant nutraceuticals.

# Liver steatosis - Example 20





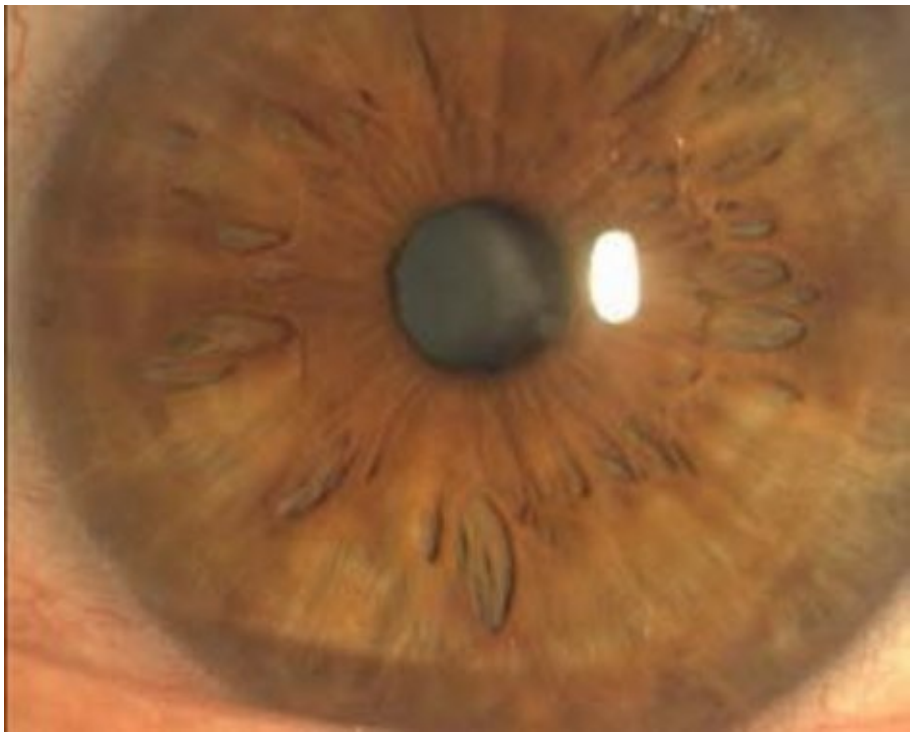


# Obesity

Description. Body mass index above 35. The body mass index is calculated by dividing the subject's body weigh in kilograms by the square of the height expressed in meters:
weight in Kg: height $^2$
A normal body mass index is between 20 and 25. Over 25: overweight. Over 30: obesity class II. Over 35: obesity class III. Over 40: obesity class IV.
Iridological markings. As the causes for obesity are many (family medical history, endocrine disorders, psychic disorders, social distress, sedentary lifestyle, bad food habits, addictions etc.), iridological responses are not univocal. A certain prevalence of glandular and spasmodic types can be observed.

EXAMPLE 21

Example 21 – Obesity class III



Male. Right iris. Obesity class III.
Pupil: contraction (mydriasis).

Constitution: biliary.
Morphology: weak glandular.
Diathesis: exudative-uric.
Description: rarefaction of collarette’s texture, thickened autonomic nerve wreath, lacunae disseminated around the third and fourth circular rings. Lightening of the stroma and contraction arcs mainly located in the visceral sector.

## Example 21 - Obesity class III

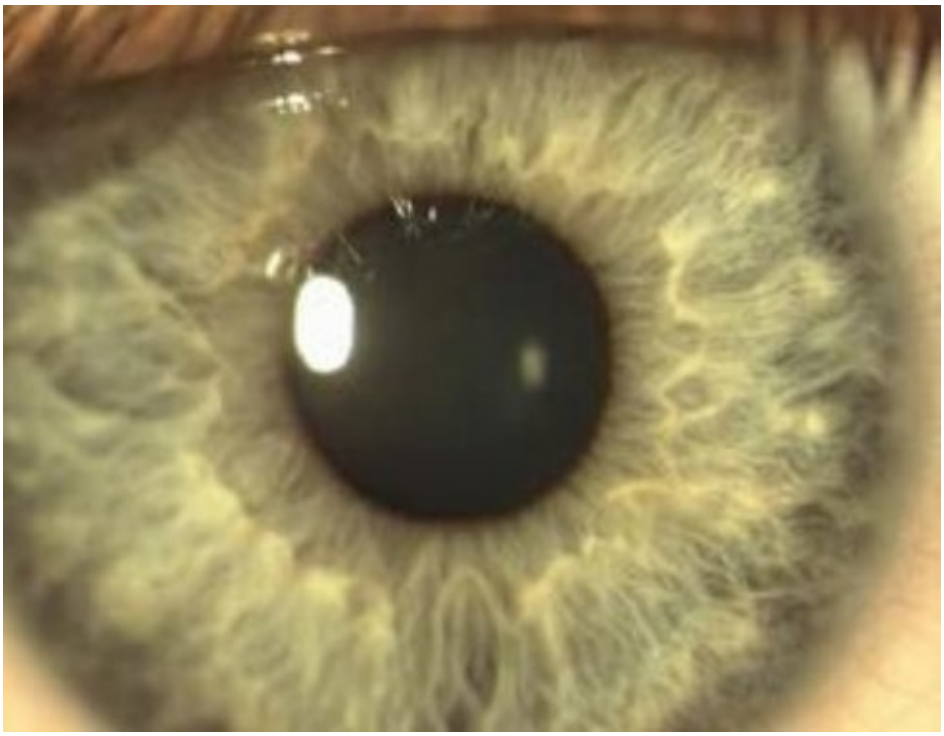
**Rarefaction of collarette's texture,**
**thickened**
**autonomic nerve wreath,**
**lacunae disseminated**
**around the third and fourth circular rings.**
**Lightening of the stroma and**
**contraction arcs mainly located**
**in the visceral sector.**

# Asthma

Description. Spasmodic restriction of bronchioles and bronchial tubes with respiratory failure. Respiratory airways constriction is caused by the release of inflammatory metabolites due to an allergic reaction or a genetic predisposition. Iridological markings. Prevalence of exudative diathesis. Merging bright tophi in the temporal sectors.

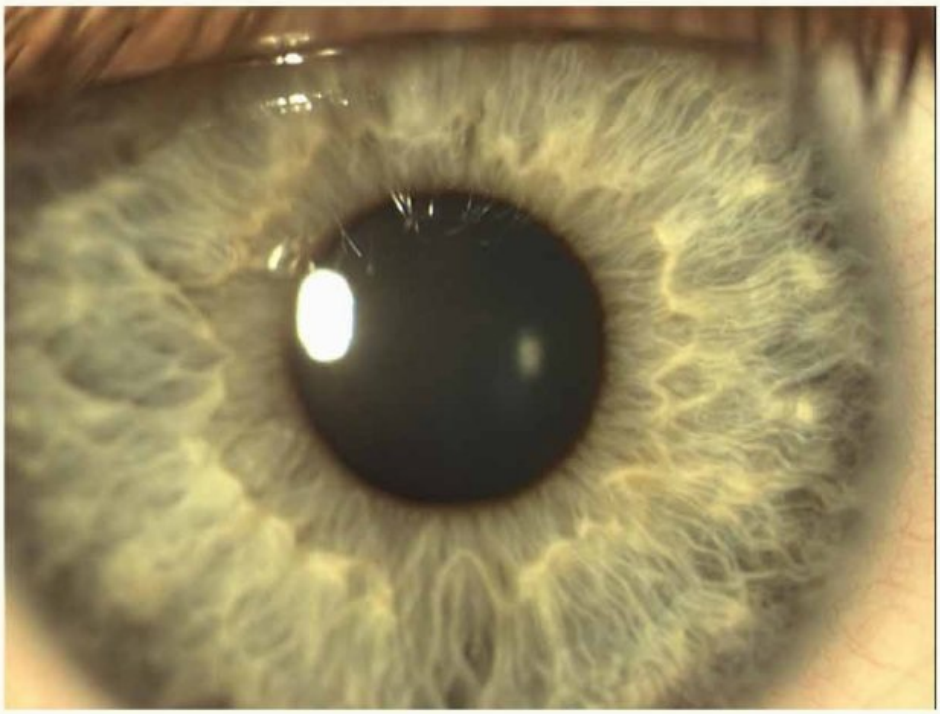
EXAMPLE 22

Example 22 – ASTHMA



Female. Right iris. Asthma.
Pupil: dilated (mydriasis).
Constitution: lymphatic.
Morphology: tubercular.
Diathesis: exudative.
Description. Bright impregnation of fibers with thickened areas and merging tophi. Extremely dilated regular pupil. Bright protruding, narrowed collarette. Neurasthenic ring.
Suggestions. Herbal-based bronchodilators.

## Example 20 - Asthma



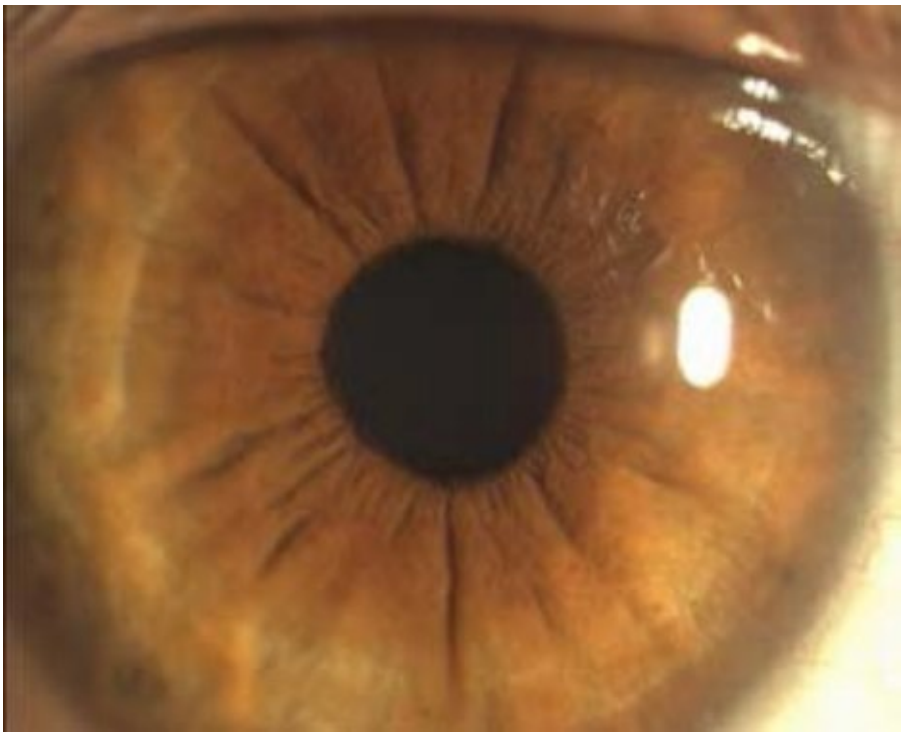
**Bright impregnation of fibers with thickened bright areas.**
**Merging tophi.**
**Bright thickened autonomic wreath.**
**Extremely dilated regular pupil.**
**Neurasthenic ring.**

# Bulimia

Description. Compulsive eating of large amounts of food. Sense of guilt and compensatory self-punishing behavior: self-induced vomiting, use of laxatives, excessive exercise.
Iridological markings. Flattened autonomic nerve wreath. Prevalence of spasmodic and glandular types and uric diathesis.

EXAMPLE 22

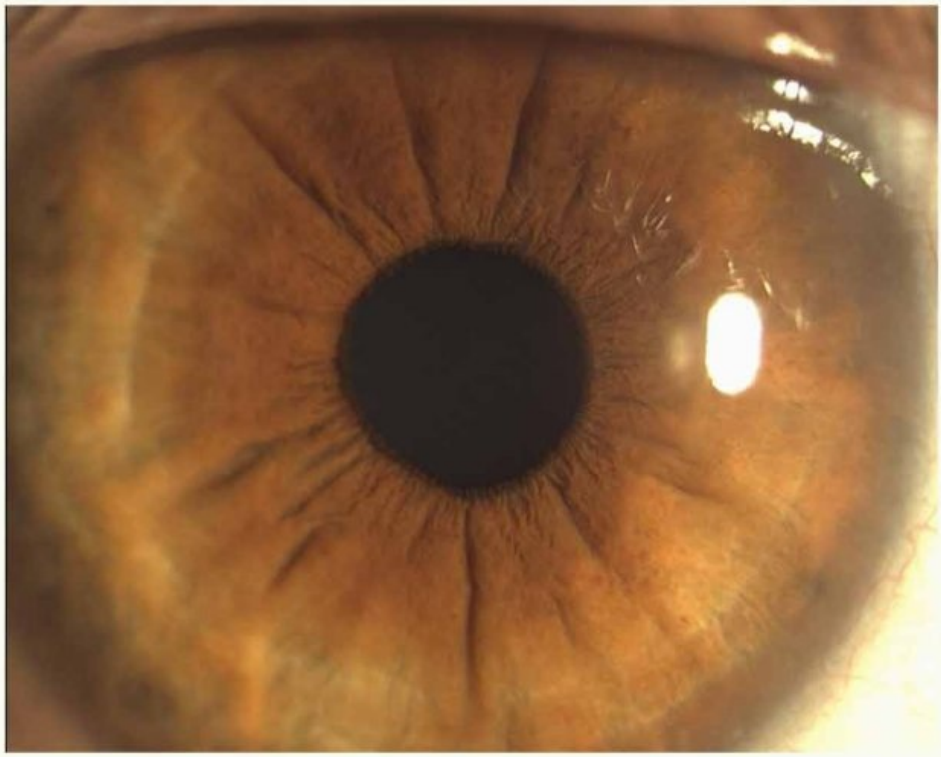
Example 22 – BULIMIA



Male. Right iris. Bulimia. Discal hernia in the lumbosacral area.
Pupil: Intermediate dilation. Flattening in the inferior portion at 06:00–08:00 o'clock.
Constitution: biliary.
Morphology: vegetative-spasmodic.
Diathesis: uric.
Description: flattened autonomic nerve ring. Ochre-orange merging tophi impregnating the whole ciliary body. Deep major radial furrows in the frontal and visceral regions. Radial furrows in the collarette. Left inferior pupillary

flattening.

## Example 23 - Bulimia



**Flattened autonomic nerve ring.**
**Ochre-orange merging tophi**
**impregnating the whole ciliary body.**
**Deep major radial furrows in the frontal**
**and visceral regions. Radial furrows**
**in the collarette.**
**Left inferior pupillary flattening.**

# Chronic Constipation

Description. Difficult fecal evacuation. Fewer than three bowel movements per week is considered to be constipation while a frequency of one evacuation a week or fewer is considered to be chronic constipation. Symptoms: abdominal pain, bloating and intestinal colics accompanied by nausea, headache, bad mood. Iridological markings. Reduction of the collarette area, contracted and irregular collarette.

EXAMPLE 24

Example 24 – Chronic constipation

Female. Left iris. Chronic constipation. Small asymptomatic uterus fibroma.
Pupil: dilated (mydriasis).
Constitution: lymphatic.
Morphology: tubercular.
Diathesis: exudative.
Description. Contracted collarette. Light-colored impregnation in the third circular ring. Pink-orange spot in the visceral sector at 04:30.
Suggestions. Diet rich in water-soluble and insoluble fibers. Large amounts of

water rich in minerals. Herbal-based therapy for stimulating liver and gallbladder functions.

## Example 24 - Chronic constipation

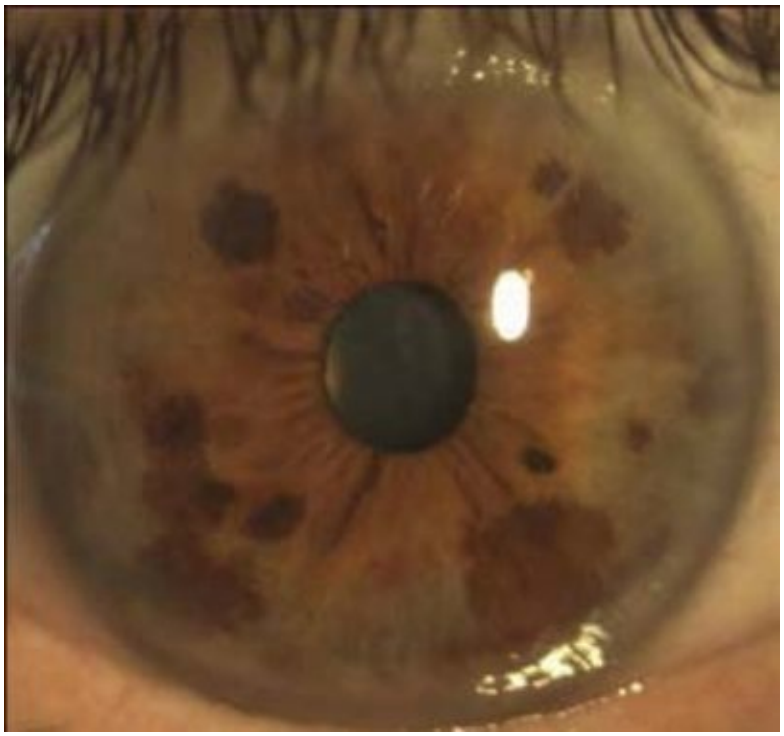
**Contracted collarette. Brght impregnation in the third circular ring. Pink-orange spot in the viscerale sector at 04:30 o'Clock (uterogenic pigment).**

# Metabolic Syndrome

Description. Co-occurrence of several risk factors for cardiac or metabolic diseases: abdominal obesity, dyslipidemia, higher than normal glycaemia, hypertension.
Iridology. Prevalence of cholesterinic, uric and dyscratic diatheses.

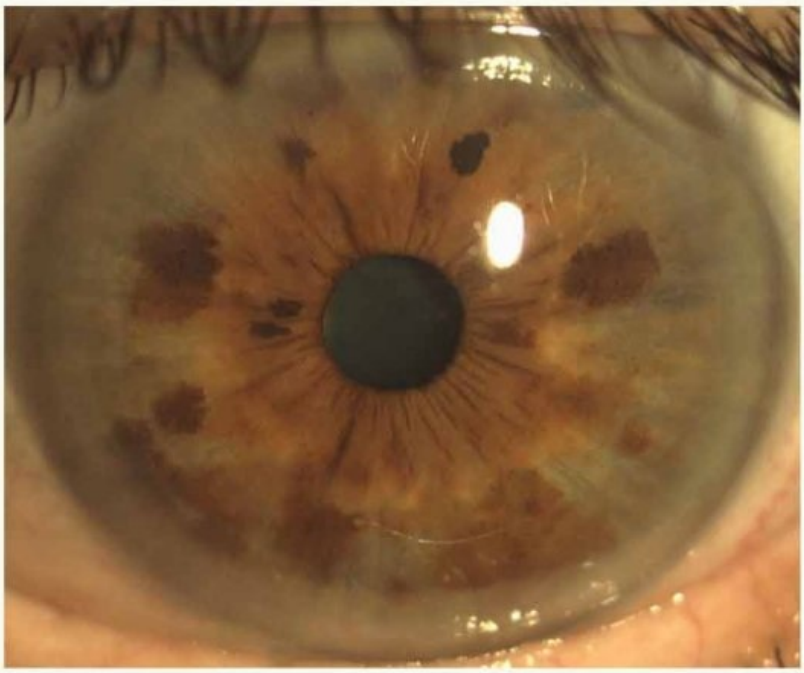
EXAMPLE 25

Example 25-Metabolic syndrome



Male. Left iris. Obesity class III, hypertension, dyslipidemia.
Pupil: miosis.
Constitution: lymphatic.
Morphology: neurogenic.
Diathesis: cholesterinic / dyscratic.
Description. Complete sodium ring with milk-white impregnation involving the whole iris area. Interruptions in the autonomic nerve wreath; bright orange impregnation. Spots of different shades of brown and various dimensions in the ciliary body. Dark brown spots and deep radial furrows in the collarette.
Suggestions. Diet therapy. Drug therapy according to medical standards.

## Example 25 - Metabolic syndrome



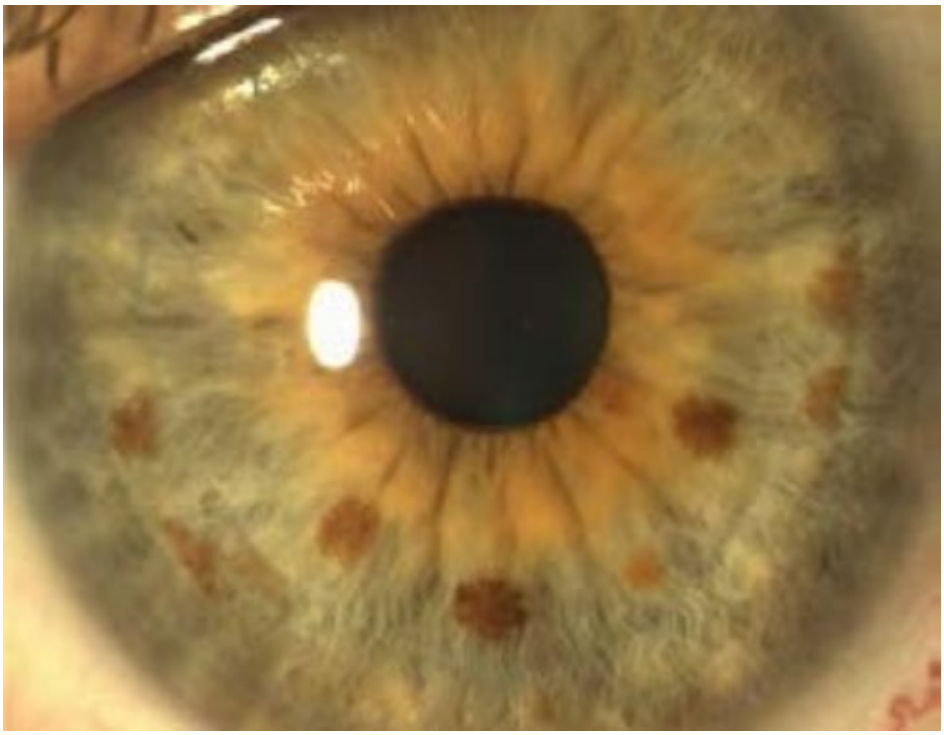
**Complete milky transparent sodium ring involving the whole iris cilary area. Interruptions in the autonomic nerve wreath; bright orange impregnation of nerve wreath. Spots of different shades of brown and various dimensions in the ciliary body. Dark brown spots and deep radial furrows in the collarette.**

# Uterine Endometrial Carcinoma

Description. Tumor of the glandular epithelium and mucosa covering the uterus.
Iridology. Prevalence of dyscratic diathesis and signs of various kind in the visceral sector.

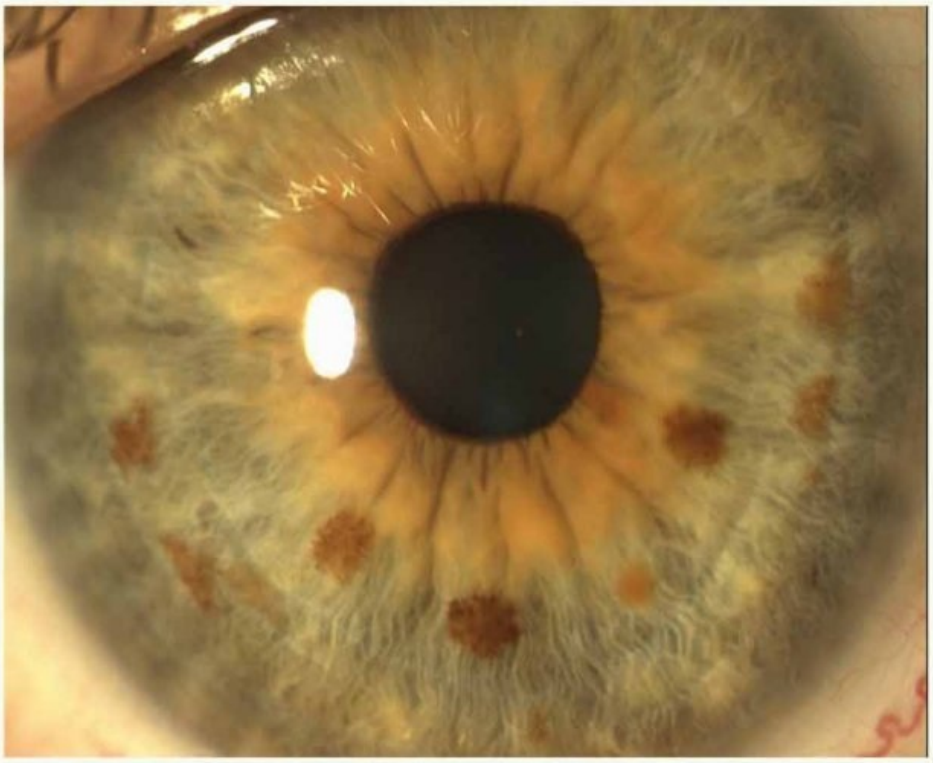
EXAMPLE 26

Example 26-Uterine carcinoma



Female. Right iris. Chemotherapy, radiotherapy, hysterectomy for uterine carcinoma.
Pupil: intermediate dilation.
Constitution: lymphatic.
Morphology: spasmodic/neurogenic.
Diathesis: dyscratic.
Description. Protruding bright orange impregnation in the autonomic nerve wreath penetrating into the third circular ring. Wide hazelnut-brown spots scattered in the lower half iris. Crown of merging bright tophi.
Suggestions. Draining and detoxifying herbal-based therapy. Antioxidant nutraceuticals. Prevention according to medical standards.

## Example 26 - Uterine endometrial carcinoma



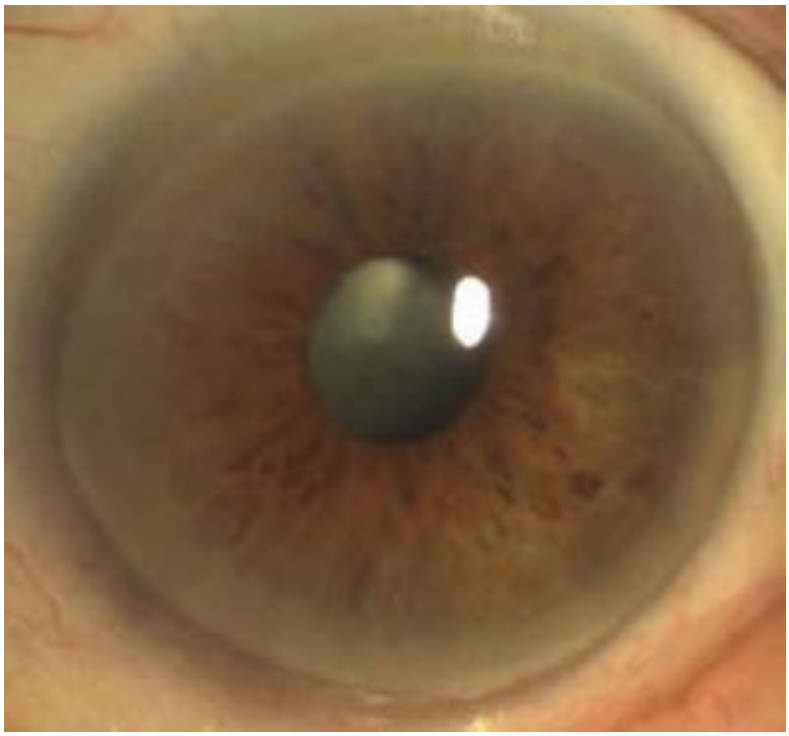
**Protruding bright orange impregnation in the autonomic nerve wreath penetrating into the third circular ring.**
**Wide hazelnut-brown spots scattered in the lower half iris.**
**Crown of merging bright tophi.**

# Parkinson’s Disease

Description. Disease affecting movement mainly manifesting itself with tremor, rigidity, slowness of movement and, in a more advanced stage, dizziness. It can be associated with age-related depression, cognitive degeneration or Alzheimer’s disease.

EXAMPLE 27

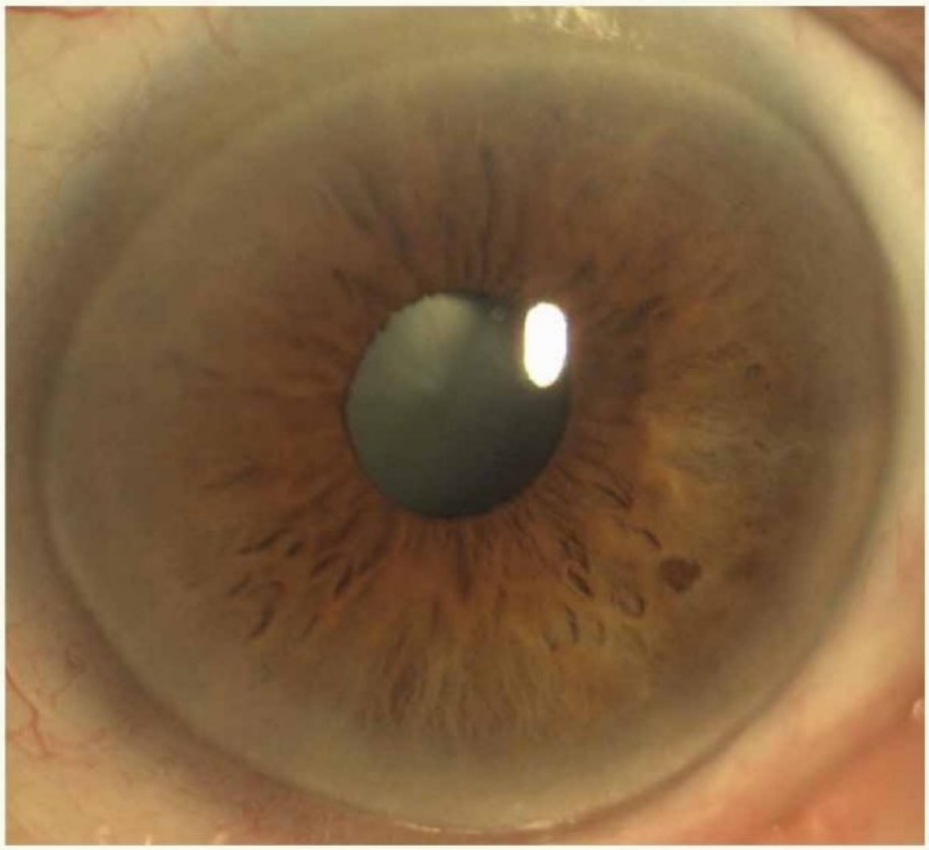
Example 27-Uterine carcinoma



Male. Left iris. Parkinson’s disease.
Pupil: intermediate dilation.
Constitution: hematogenic.
Morphology: glandular.
Diathesis: cholesterinic/lipemic.
Description. Atrophic pupillary border. Milk-white impregnation of the whole fifth and sixth circular rings. Lateral ovalization of the iris body. Prevalence of cholesterinic diathesis. Atrophy, flattenings, ovalizations, dyschromia of the inner pupillary border. Pupil decentration.
Suggestions. Hypolipemic diet therapy. Nutraceuticals rich in B-group vitamins

(nicotinamide, thiamine).

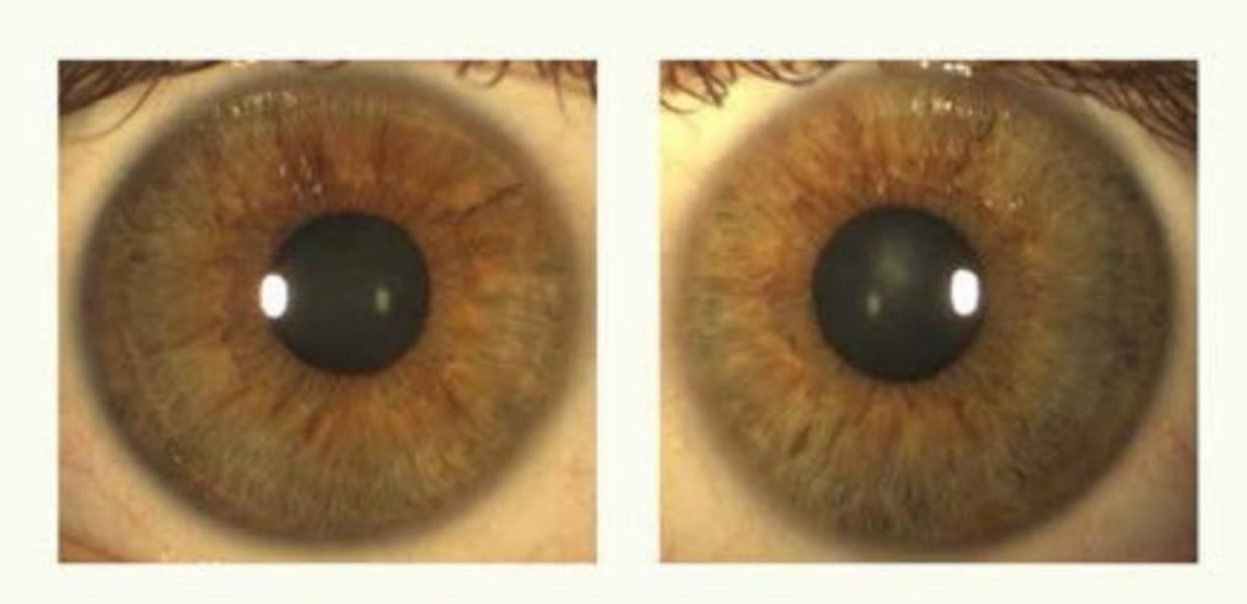
## Example 27 - Parkinson's disease



**Atrophic pupillary border.**
**Cholesterinic ring: milky impregnation of fifth and sixth circular rings.**
**Lateral ovalization of the iris body.**

# Chronic Obstructive Bronchitis

Description. Disease characterized by cough, phlegm, breathing difficulty. Excessive mucus causes bronchial tube swelling as well as obstruction and narrowing of airways.
Iridological markings. Prevalence of exudative diathesis. Concentration of tophi in the temporal sectors. Pupil decentration.



Male. Right and left iris.. Chronic obstructive pulmonary disease, dermatosis.
Pupils: dilated (mydriasis).
Constitution: lymphatic/biliary.

Morphology: neurogenic/tubercular.
Diathesis: uric.
Description. Pupils decentered toward the nasal sector (moving away from the temporal sectors). Ovalized left pupil with nasal inclination. Brick-brown impregnation in the collarette; ochre-orange tophi in the nasal sectors. Bluish aura and darkening in the sixth circular ring in the temporal sectors.
Suggestions. Herbal-based bronchodilators and anti-inflammatory medications.

## Example 28
## Chronic obstructive bronchitis

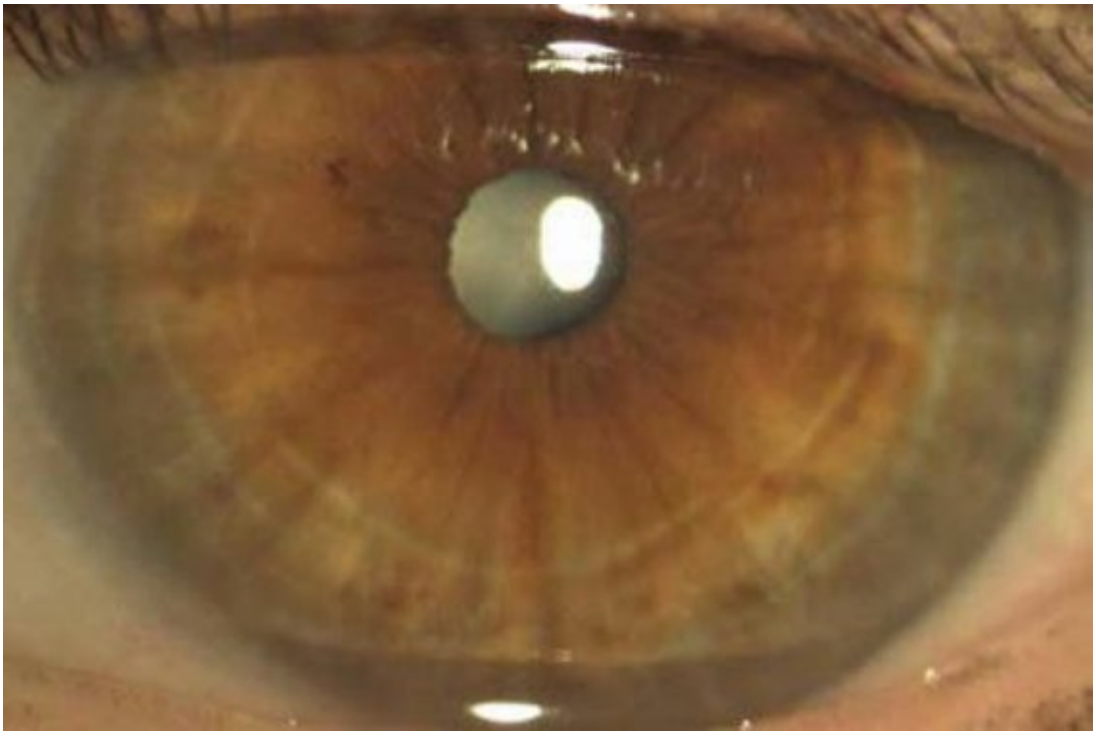
**Bluish aura and**
**darkening in the sixth circular ring in**
**the temporal sectors.**
**Pupils decentered toward the nasal sector**
**(moving away from the temporal sectors).**
**Ovalized left pupil with nasal inclination.**
**Brick-brown impregnation in the collarette;**
**ochre-orange tophi in the nasal sectors.**

# Alzheimer’s Disease

Description. Disease with a chronic development affecting about 5% of people over 65 and 20% of the population over 85. It is characterized by degeneration of the cerebral tissue occupied by protein plaques which damage its functionality. It leads to the progressive loss of all cognitive skills: memory, thinking, language and, in more advanced stages, functional autonomy in everyday acts.
Iridological markings. Atrophy and color alteration of the inner pupillary border. Ovalizations, flattenings, pupil alteration. Prevalence of cholesterinic diathesis.

EXAMPLE 29

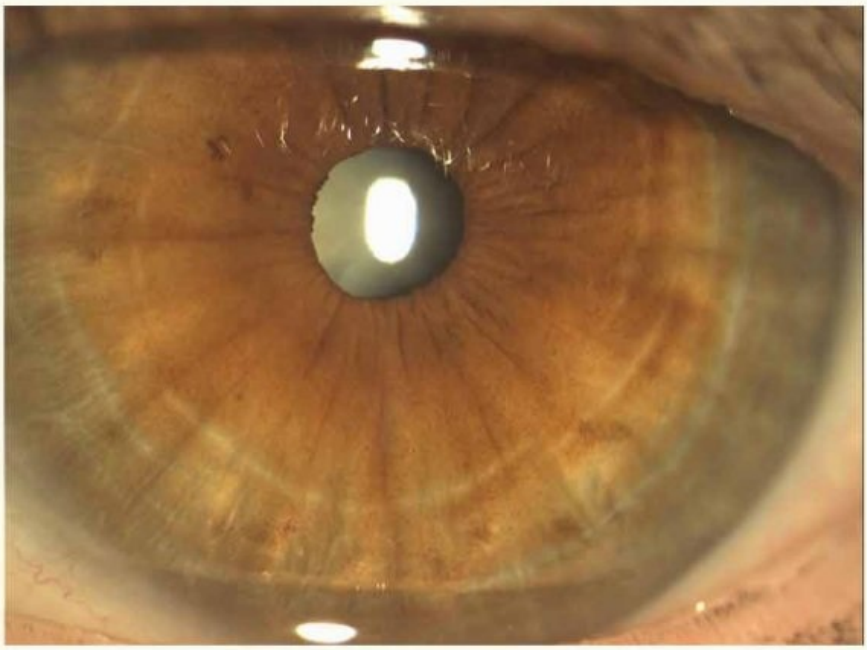
Example 29 - Alzheimer’s disease



Female. Left iris. Alzheimer’s disease.
Pupil: constriction (miosis).
Constitution: biliary.
Morphology: vegetative-spasmodic.
Diathesis: uric.
Description. Atrophy of the inner pupillary border. Flattened autonomic nerve

wreath. Flattening of pupillary border at 4 – 6 o'clock. Minor contraction rays in the collarette extending into the frontal region. Contraction arcs in the ciliary body. Yellowish tophi in peripheral areas. Lipemic film.
Suggestions. Treatment with anticholinesterasics according to international standards. Food and nutraceuticals rich in choline, omega-3, antioxidants.

## Example 29 - Alzheimer's disease



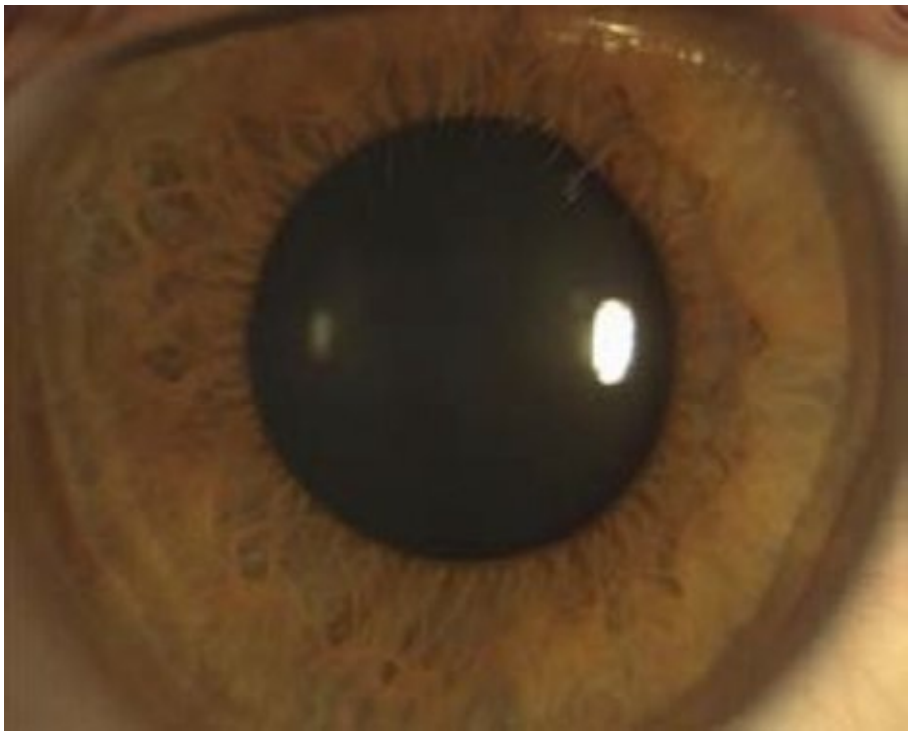
**Atrophy of the inner pupillary border. Flattened autonomic nerve wreath. Flattening of pupillary border at 04:00 - 06:00 o'clock. Minor contraction rays in the collarette extending into the frontal region. Contraction arcs in the ciliary body. Yellowish tophi in peripheral areas. Lipemic film.**

# Antidepressants

Description. Many antidepressants affect the release or the reuptake of catecholamines.
Iridology. Mydriasis and spasmodic reduction of the collarette's area.

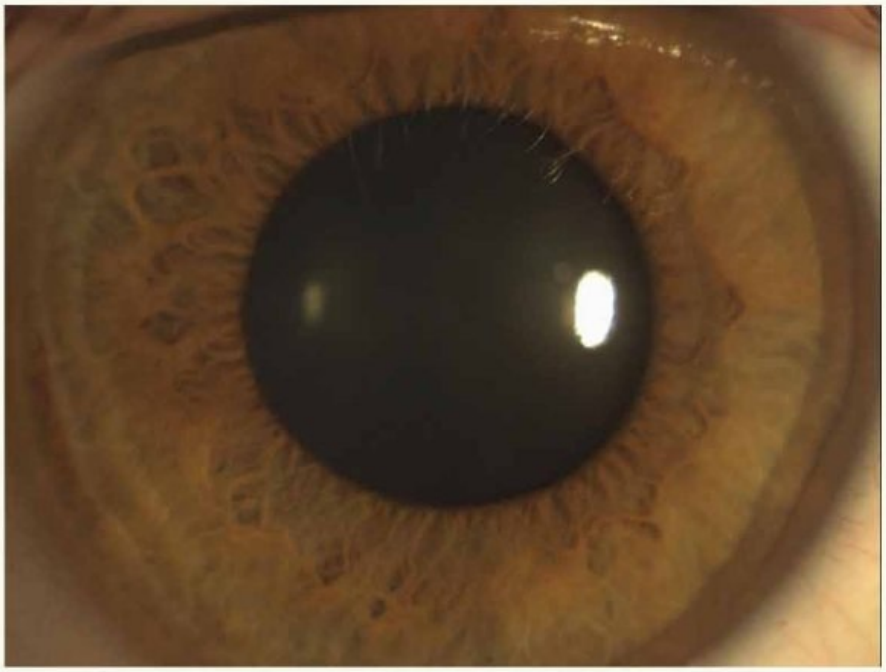
EXAMPLE 30

Example 30 – Anorexia. Antidepressants



Female. Left iris. Depression treated with adrenergic drugs. Chronic constipation.
Pupils: severe dilation (mydriasis).
Constitution: biliary.
Morphology: vegetative-spasmodic.
Diathesis: exudative/uric.
Description. Severe mydriasis. Narrowed collarette with thinned-out, thickened fibers; extroflexion of collarette due to the presence of some lacunae at 09–11:00 o'clock. Deep contraction arcs in the peripheral rings. Coated merging tophi.
Suggestions. Addition to the ongoing therapy of mineral waters rich in magnesium, sulfur and traces of lithium.

## Example 30 - Use of antidepressants



**Severe mydriasis. Narrowed collarette with thinned-out, thickned fibers; extroflexion of collarette due to the presence of lacunae at 09:00 - 11:00 o'clock. Deep contraction arcs in the peripheral rings. Coated merging tophi.**

# Official Medicine and iris

Healthy patients. In this book, the descriptions of iridological markings is accompanied by a list of related diseases. One may object that many iris signs are found in healthy subjects or that signs can be present at birth rather than manifest themselves during lifetime as a consequence of a pathological condition. Starting from these indisputable facts, it is possible to employ iridology correctly: iris analysis should not be used for diagnosing a disease but rather for identifying a patient's weaknesses or predisposition. A way to help prevention.

Attention threshold. Iridology is a useful tool because it provides a reliable classification of an individual's basic constitution and predispositions. Symptoms are not always the consequence of diseases in the organ in which they manifest themselves. For example, migraine can be the result of digestive problems or allergies and not of damages in the encephalic area. Cardiac arrhythmias can be due to gastric or colon diseases. Muscular pain can be caused by celiac disease. Hair loss by intoxications. Insomnia by thyroid problems. Sometimes, a shift in the observation point is enough to gain a more complete view. If a diagnosis is doubtful, iris analysis adds data and helps identify possible alternatives by triggering the attention threshold. Iridology is not an exact science. It does not provide sure diagnoses but can alert attention on constitutional weaknesses. *The attention threshold activation by iris analysis is the underlying concept of this book.*

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